Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation
Value-Based Insurance Design Model
Calendar Year (CY) 2025 Monitoring Guidelines
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Background and General Information

This document provides Medicare Advantage Organizations (MAOs) participating in the Value-Based Insurance Design (VBID) Model in Calendar Year (CY) 2025 with guidance pertaining to Model requirements that supports the Centers for Medicare and Medicaid Services (CMS) monitoring and evaluation activities for the VBID Model. These guidelines provide instructions about the required data and information that will be collected and reported in relation to the MAOs' participation in the Model. MAOs participating in the VBID Model must adhere to this guidance pursuant to the CY 2025 Addendum to Medicare Managed Care Contract for Participation in the VBID Model (Addendum).[1]

Through the VBID Model, CMS is testing a broad array of complementary Medicare Advantage (MA) health plan innovations designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries (including those who have low-income subsidy (LIS) status), and improve the coordination and efficiency of health care service delivery. The additional flexibilities provided through the VBID Model, including the ability of MAOs to target benefits to LIS populations or beneficiaries living in underserved Area Deprivation Index (ADI) areas, provide a unique opportunity to address issues of health equity[2] in underserved communities.[3] Overall, the VBID Model tests a broad array of MA service delivery and/or payment approaches. Using these approaches may contribute to the modernization of MA through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries.

These monitoring guidelines address the VBID Components of the VBID Model as follows:

1. VBID Flexibilities (VBID Flex) for targeting primarily or non-primarily health-related supplemental benefits (by LIS, chronic condition, and/or ADI); use of high-value providers and/or participation in care management programs/disease management programs; and reductions in cost sharing for Part C items and services and covered Part D drugs; and
2. Part D Rewards and Incentives Program (RI Program).

The VBID Flex and RI components of the Model are also referred to as "VBID-General Components" in this document.

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[1] Capitalized terms not otherwise defined in these VBID Model Monitoring Guidelines have the meaning provided in the CY 2025 Addendum.

[2] CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

[3] Section 2(b) of Executive Order 13985 defines "underserved communities" as referring to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the communities listed in the definition of "equity" in section 2(a) of the Executive Order.

1.1 VBID Monitoring and Evaluation Objectives

VBID monitoring and evaluation activities are critical to CMS' ability to test the VBID Components. In general, VBID *monitoring* objectives cover the following areas:

- Ongoing review and tracking of Model participants' efforts, progress, and potential issues in implementation;
- MAO compliance with approved VBID Components and terms of the Model;
- Identification of unintended consequences of operating the Model such as beneficiary harm or program integrity issues;
- Ensuring that beneficiaries are not harmed or discriminated against;
- Making sure that beneficiary choice is protected;
- MAO compliance with all Prescription Drug Event (PDE) reporting rules, such as the requirement that supplemental benefits be applied before the gap discount is calculated; and
- Tracking the reach of the Model in identifying and addressing MA enrollees' clinical needs and drivers of health, including those enrollees within underserved communities.

In addition to monitoring activities, all participating MAOs are required to cooperate with efforts to conduct an independent, federally funded evaluation of the VBID Model. In general, VBID *evaluation* objectives include:

- Rigorously assessing the impact of the Model on enrollee health outcomes, quality and experience of care, and spending;
- Evaluating data that is (1) submitted to CMS by participating MAOs as part of their monitoring activities, and (2) from administrative data sources already available to CMS; and
- Assessing the reach and impact of the Model on underserved communities.

CMS must collect monitoring data and information to allow for real-time Model monitoring. Delays in reporting impede CMS' efforts to monitor and evaluate the Model. Delays in reporting may be considered when reviewing participating MAO's compliance with model requirements. CMS will work with participating MAOs to ensure these data are submitted to CMS accurately and timely. A guiding principle in CMS' approach toward data collection and reporting is to minimize burden for participating MAOs, consistent with the government's need to monitor and evaluate model tests. Therefore, CMS has developed guidelines for data collection and reporting with consideration of the data needed to support Model activities and what data are already available to CMS. CMS may also ask for additional information if clarification of submitted information is necessary. CMS also reserves the right to publicly release information pertaining to the VBID Model.

Examples of existing CMS data and data sources that may be used in monitoring and evaluation of the Model include:

- MA Encounter Data;
- Medicare Claims;
- PDE Data;
- Beneficiary enrollment, eligibility, and payment data (Medicare Advantage Prescription Drug (MARx) System and the CMS Enrollment database);

- Plan data submitted for bids using the PBP software and available in the Health Plan Management System (HPMS);
- Quality data (e.g., Healthcare Effectiveness Data and Information Set (HEDIS); Health Outcome Survey; Consumer Assessment of Healthcare Providers & Systems (CAHPS) submitted by MA plans; Medicare Complaint Tracking Module; and 1-800-Medicare);
- Data from the Center for Disease Control/Agency for Toxic Substances Disease Registry/ Social Vulnerability Index (CDC/ATSDR/SVI) and Area Deprivation Index (ADI);
- VBID annual application data; and
- Other items as deemed necessary to ensure compliance with all Model terms, beneficiary protections, and program integrity.

We reiterate that MAOs must submit complete and accurate risk adjustment data pursuant to 42 CFR § 422.310, which includes encounter data. Model participants must submit accurate and complete encounter data related to VBID Component-specific activities in their encounter data submissions so that this Model's monitoring and evaluation have the benefit of those data.[4] CMS has recently provided updated guidance for MA organizations to submit supplemental benefits encounters to CMS.[5]

1.2 VBID Enrolled, Targeted, Eligible, and Engaged Beneficiaries

These Monitoring Guidelines and its appendices use the terms "Enrolled", "Targeted", "Eligible", and "Engaged" to differentiate how beneficiaries interact with VBID Model plans and VBID Model interventions.

For reference, definitions and examples of enrolled, targeted, eligible, and engaged beneficiaries across the VBID Flex and RI interventions are provided below:

- **Enrolled beneficiaries**: Medicare beneficiaries who are enrolled within a plan that is offering a given VBID Flex/RI intervention. Please note that an "enrolled beneficiary" may or may not be targeted for VBID Flex/RI interventions, depending on the intervention's targeting criteria.
- **Targeted beneficiaries:** Medicare beneficiaries who are enrolled in one of the MAO's VBID PBPs participating in the Model and targeted by the MAO to receive interventions as permitted under one or more VBID Components. The standards and criteria used by the MAO to identify Targeted Enrollees may vary depending on the VBID Component and must be identified in the Approved Proposal and approved by CMS.
- **Eligible beneficiaries (only applicable to VBID Flex):** targeted beneficiaries who fulfill the care management /disease management (CM/DM) or high value provider (HVP) requirements for a VBID Flex intervention, if relevant, prior to being able to receive or utilize a VBID Flex benefit. Please note that given this definition, "eligible" beneficiaries would likely be a subset of the "targeted" beneficiaries.
- **Engaged Beneficiaries:**

[4] For reference, please see the most recent Encounter Data Submission and Processing Guide.
[5] https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Encounter_Data_Software_Release_Updates_February_2024_508_G.pdf

- ***VBID Flex benefits***: targeted beneficiaries who utilized the VBID Flex benefit offered to them. For example, for a VBID Flex intervention offering food or produce, engaged beneficiaries refer to targeted beneficiaries who utilized the food or produce
- ***RI interventions***: targeted beneficiaries who completed incentivized activity (i.e., received the associated reward amount)

The table below provides examples of enrolled, targeted, eligible, and engaged beneficiaries for three different VBID intervention designs.

Examples of Enrolled, Targeted, Eligible, and Engaged Beneficiary Populations across VBID Intervention Designs

VBID Intervention Type	VBID Intervention	Enrolled Beneficiaries	Targeted Beneficiaries	Eligible Beneficiaries	Engaged Beneficiaries
VBID Flex Supplemental Benefits without an eligibility requirement	H1111-111-111 offers an over-the-counter (OTC) items allowance card as a VBID Flex supplemental benefit targeted to LIS 1-3 beneficiaries for a. There is no eligibility (i.e., CM/DM or HVP) requirement for this benefit.	All beneficiaries enrolled in the plan H1111-111-111.	All LIS 1-3 beneficiaries enrolled in the plan H1111-111-111.	N/A	All LIS 1-3 beneficiaries enrolled in the plan H1111-111-111 who used the OTC card at least once.
VBID Flex Supplemental Benefits with an eligibility requirement	H2222-222-222 offers a meal benefit as a VBID Flex supplemental benefit targeted to LIS 1-3 beneficiaries. The eligibility requirement for this benefit is seeing a high value provider.	All beneficiaries enrolled in the plan H2222-222-222.	All LIS 1-3 beneficiaries enrolled in the plan H2222-222-222.	All LIS 1-3 beneficiaries enrolled in the plan H2222-222-222 who see a high value provider.	All LIS 1-3 beneficiaries enrolled in the plan H2222-222-222 who see a high value provider and use the meals benefit at least once.
RI	H3333-333-333 offers a RI intervention targeted to beneficiaries with diabetes to receive a $20 card if they complete a diabetes medication management program	All beneficiaries enrolled in the plan H3333-333-333.	All beneficiaries with diabetes and enrolled in the plan H3333-333-333.	N/A	All beneficiaries with diabetes enrolled in the plan H3333-333-333 who complete a diabetes medication management program and receive a $20 card

General Reporting Guidance and Requirements

2.1 Applicability of Other Guidance and Requirements

All MA data collection and reporting regulations and guidance issued by CMS, as well as other applicable laws, continue to apply to data collection and reporting activities of participating MAOs.

2.2 Overview of Monitoring Data Types and Timeline

Under the Addendum, MAOs are required to report monitoring data as specified in these monitoring guidelines. These required monitoring data collected from participating MAOs will fall into one of nine categories: (i) Benefit Crosswalk that includes Plan Characteristics and VBID Component Information; (ii) Beneficiary-level Data Reporting on VBID Flex Targeting and RI Targeting and Receipt; (iii); Beneficiary-level Data Reporting on Focus Area[6] Supplemental Benefits; (iv) VBID Flex Supplemental Benefits Summary Report (v) Beneficiary-level Health Related Social Needs (HRSN) assessment data reporting, (vi) associated contract-PBP-segment-level HRSN assessment key; (vii) Health Equity Plan (HEP) Progress Report; (viii) ADI reporting, and (ix) member engagement strategy (MES) monitoring report.

Table 1 provides an overview of the types of required monitoring data, the frequency for reporting, examples of data content included in the reporting, the file format for each type of monitoring data, and acceptable methods for data transmission to CMS. **Table 2** provides an overview of the submission timelines for each type of required and voluntary monitoring data. Outside of the monitoring data described in this guidance, CMS reserves the right to require MAOs to collect and report data on an ad-hoc basis to monitor, audit, and evaluate the VBID Model in order to gain more insight into how participating MAOs are implementing VBID Components. CMS also reserves the right to conduct surveys and interviews on participating MAOs to gain more insight on risk score trends. In addition to VBID Component reporting requirements, participating MAOs must also comply with the record retention and data submission requirements set forth in the CY 2025 Addendum.

[6] Focus Area Supplemental Benefits refer to benefits falling in the priority health-related social needs (HRSN) areas of (i) Food and Nutrition, (ii) Transportation, and (iii) Housing and Living Environment, also noted in the CY 2025 Model RFA: https://www.cms.gov/files/document/vbid-cy25-rfa.pdf

Table 1: Attributes of Different Types of Monitoring Data[a]

Type of Monitoring Data	Reporting Frequency	Data Content - Examples	File Format	Transmission Method
Benefit Crosswalk that includes Plan Characteristics and VBID Component Information for VBID Flex and/or RI interventions, and any non-VBID Focus Area supplemental benefits used to fulfill VBID requirements, specific to each MAO, along with Benefit Codes and Tailored Definitions for Key Reporting Data Elements for the MAO's Interventions **(Appx. 1)**	Annual (MAOs will receive file for review on or around December 6, 2024)	Contract, Plan Benefit Package, Segment IDs, Brief VBID and RI intervention descriptions, Targeting Methodology, Target Population Codes, Benefit Codes, key data element definitions tailored to each Benefit Code, etc.	**Pre-populated by CMS**, participating MAOs will review and verify information; Fixed format Excel file	VBID Mailbox
Beneficiary-level Data Reporting on VBID Flex targeting and RI targeting/receipt **(Appx. 2)**	Annual (with test submission period)	Targeting Start Date; Targeting End Date; Benefit Eligible Start Date; Medicare Beneficiary Identification # (MBI); RI Amount Earned, etc.	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*
Beneficiary-level Data Reporting on VBID Flex Focus Area Supplemental Benefits and non-VBID supplemental benefits used towards fulfilling the Model's HRSN requirements[7] **(Appx. 3)**	Annual (with test submission period)	Beneficiary-level utilization of supplemental benefits falling in the focus areas of Food/ Nutrition; Transportation; Housing/Living Environment	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*

[7] The HRSN requirement refers to the requirement for CY 2025 VBID model participants to offer VBID and/or non-VBID supplemental benefits (e.g., SSBCI, UF, non-targeted MA) in at least 2 of 3 priority HRSN areas of Food/Nutrition, Transportation, and Housing/Living Environment via each participating PBP. See page 21 of the CY 2025 Model RFA for details: https://www.cms.gov/files/document/vbid-cy25-rfa.pdf

Type of Monitoring Data	Reporting Frequency	Data Content - Examples	File Format	Transmission Method
VBID Flex Supplemental Benefits Summary Report[b], not limited to Focus Areas, but excluding non-VBID supplemental benefits used to fulfill Model's HRSN requirements. This file should be reported at the Contract-PBP-Segment-Benefit Code level **(Appx. 5)**	Annual	Summary utilization and cost information on all VBID Flex supplemental benefits excluding reduced cost sharing benefits for basic Part C (i.e. original Parts A/B equivalent) services and Part D services (excludes any non-VBID supplemental benefits used to fulfill Model requirements)	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*
Beneficiary-level HRSN Assessment Data Reporting **(Appx. 6)**	Annual (with test submission period)	Elements capturing VBID-targeted beneficiaries' health-related social needs, including food security; access to transportation; housing status, etc.	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*
Contract-PBP-Segment-Level HRSN Assessment Key (**Appx. 7)**	Annual	Information on what assessment tools, questions, and answers were used to determine a positive screening in Appendix 6	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*
HEP Progress Report **(Appx. 8)**	Annual	Summary information on HEP implementation efforts	Fixed format reporting; Survey questionnaire	Qualtrics Application
Area Deprivation Index (ADI) Reporting (**Appx. 9)**	Annual	Summary information on benefit targeting and enrollee advisory committee (EAC) implementation efforts	Fixed format reporting; Survey questionnaire	Qualtrics Application

Type of Monitoring Data	Reporting Frequency	Data Content - Examples	File Format	Transmission Method
Member Engagement Strategy (MES) Monitoring Report Template **(Appx. 10)**	Annual	Data on MES performance measures	Fixed format reporting; Survey questionnaire	Qualtrics Application

[a] CMS reserves the right to require MAOs to collect and report data on an ad-hoc basis to monitor, audit, and evaluate the VBID Model, including to gain more insight into how participating MAOs are implementing VBID Components.

[b] The VBID Flex Supplemental Benefits Summary Report covers annual summary-level utilization and cost information for all VBID Flex supplemental benefits participating MAOs described within Table 5.1.1 of the "Flex_Benefits" tab of the CY 2025 Model Application Spreadsheet, excluding supplemental benefits indicated as being offered outside the VBID model (e.g., as SSBCI/UF/non-targeted MA benefit). These do not include cost sharing reductions on basic Part C (i.e., original Parts A/B equivalent) services and Part D services.

With regards to major changes in the Monitoring Guidelines for CY 2025 Model participants, note that:

- Beneficiary-level Focus Area Supplemental Benefits and the Benefit Crosswalk files now cover both non-VBID (e.g., SSBCI//UF/General MA) and VBID Flex Focus Area Supplemental Benefits, used towards fulfilling the CY 2025 Model requirement of offering (VBID and/or non-VBID) supplemental benefits in at least 2 of 3 priority HRSN areas (i.e., Food and Nutrition, Transportation, and Housing/Living Environment);
- The structure of the CY 2025 Benefit Crosswalk has been revised to include intervention information at a more granular level than in past years, consistent with the revised CY 2025 Model Application Spreadsheet;
- Beneficiary-level HRSN assessment data reporting is mandatory for CY 2025 participants, and all participants must offer the HRSN assessment to each beneficiary targeted for any VBID Flex and/or RI interventions in CY 2025, and include all such beneficiaries in this beneficiary-level HRSN assessment file; and
- ADI reporting and the MES monitoring report are new for CY 2025 participants.

Table 2: Monitoring Data Submission Timeline Overview

Monitoring Activity	Data Covered	CMMI Portal Access Deadline	Cumulative Performance Period [c]	Report Submission Period
Test Data Submission via the CMMI portal (*mandatory for new 2025 VBID-General participating MAOs; optional for others*) [a]	• Beneficiary-level VBID Flex targeting and RI targeting/receipt files (**Appx. 2)** • Beneficiary-level data on VBID and non-VBID Focus Area Supplemental Benefits (**Appx. 3)** • Beneficiary-level HRSN Assessment Data Reporting (**Appx. 6**)	6/28/25	1/1/25 – 6/30/25	7/1/25 – 7/31/25
Annual Submission via the CMMI Portal (*mandatory for all 2025 MAOs*) [b]	• Beneficiary-level VBID Flex targeting and RI targeting/receipt data (**Appx. 2**) • Beneficiary-level data on VBID and non-VBID Focus Area Supplemental Benefits (**Appx. 3**) • VBID Flex Supplemental Benefits Summary Report (**Appx. 5**) • Beneficiary-level HRSN Assessment Data Reporting (**Appx. 6**) • PBP-Level HRSN Assessment Data Reporting Key (**Appx. 7**)	2/28/26	1/1/25 – 12/31/25	3/1/26 – 3/31/26

Monitoring Activity	Data Covered	CMMI Portal Access Deadline	Cumulative Performance Period [c]	Report Submission Period
Annual Submission via Qualtrics (mandatory for all relevant CY 2025 MAOs)	• HEP Progress Report **(Appx. 8**) • ADI Reporting: EAC Summary Data **(Appx. 9)** • Member Engagement Strategy (MES) Monitoring Report Template **(Appx. 10)**	N/A	1/1/25 – 12/31/25	3/1/26 – 3/31/26

[a] Any MAO offering a VBID Flex, RI or non-VBID supplemental benefit in CY 2025 to fulfill HRSN requirements, that did not participate in VBID Flex or RI components in CY 2024 must gain access to the CMMI portal by 6/28/2025 to submit specified CY 2025 data during the Test Data Submission Period of 7/1/25- 7/31/25. Any other CY 2025 MAO opting to submit specified data during the Test Data Submission Period must also gain CMMI Portal access by 6/28/25.

[b] All MAOs participating in any VBID-General (i.e. VBID Flex or RI) component in CY 2025 must confirm they have access to the CMMI Portal by 2/28/26 prior to submitting required annual cumulative data during the 2025 Annual Data Submission Period of 3/1/26-3/31/26. If access was previously established but lost for any reason (e.g. MAO's personnel changes), the MAO must work to obtain access for a new Model Participant Administrator (MPA) by 2/28/26.

[c] "Cumulative Performance Period" refers to the period of time where services were provided to the enrollee, while "Report Submission Period" refers to the period of time that a participating MAO has to submit the data to CMS.

2.3 Benefit Crosswalk that Includes Plan Characteristics and VBID Component Information

Accurate information on plan characteristics and VBID Components and interventions offered by participating MAOs is fundamental to CMS monitoring and evaluation activities. CMS intends to capture the majority of this information through its application process and internal CMS data sources (e.g., HPMS information, etc.). However, because this information is the basis for accurate and efficient reporting under the VBID Model, CMS will pre-populate a "Benefit Crosswalk" file that will include the required parent organization-specific data fields. These data elements include a listing of all contracts, plan benefit packages, segments, and VBID Component characteristics/attributes for VBID Flex, RI interventions, and non-VBID benefits that some participating PBPs additionally offer to fulfill the requirement of offering supplemental benefits in at least 2 of 3 priority HRSN areas or focus areas. The Benefit Crosswalk is specific to each participating MAO, and also includes MAO-specific benefit codes and tailored definitions for key data elements that the MAO is expected to include in their VBID Flex targeting, RI targeting/receipt, and Supplemental Benefit data submissions. The Benefit Crosswalk file, which includes these plan characteristics and VBID Component information, will be sent to participating MAOs in a fixed-format Excel file for review. This verification file will contain a report of all approved CY 2025 contracts-PBPs-segments and associated VBID Components. Participating MAOs will receive specific instructions and deadlines for Benefit Crosswalk review from CMS when they receive the pre-populated crosswalk file on (or around) December 6, 2024. **Once confirmed, the Benefit Crosswalk file will serve as the basis for the bulk of the subsequent reporting and monitoring activities.** Accordingly, MAOs must use their MAO-specific CY 2025 Benefit Crosswalk in conjunction with file layouts specified in the respective appendices of this document as applicable to their CY 2025 Model participation to prepare and submit data.

Appendix 1, "CY 2025 Benefit Crosswalk File Key for VBID Flex and RI Interventions," provides participating MAOs with a sample of the Benefit Crosswalk file layout and content. Note that for CY 2025, a number of changes have been made to the Benefit Crosswalk fields and layout to capture more granular benefit information similar to the revised CY 2025 Model application, with the goal of reducing ambiguity and better facilitating systematic review and analyses.

2.4 Beneficiary-level Data Reporting

i. Beneficiary-level Data Reporting on VBID Flex Targeting and RI Targeting/Receipt

In accordance with the schedule presented in **Table 2 (Section 2.2)**, beneficiary-level data reporting for targeted enrollees will be required on an annual basis in CY 2025 for VBID Flex and RI Programs. Participating MAOs offering these VBID Components must keep a record of each unique beneficiary in each VBID PBP throughout the year and use the annual data submission to provide an account of beneficiaries who were targeted for VBID Flex and/or RI, and/or received RI, as applicable.

CMS requires participating MAOs to report on all data elements for all VBID Components relevant to their respective VBID PBPs, according to data element and value definitions described in the appropriate file layout in **Appendix 2, "CY 2025 Beneficiary Level VBID Flex Targeting and RI Target/Receipt Files' Layout."** Appendix 2 provides file layouts for annual beneficiary-level reporting for MAOs participating in the VBID Flex and RI Programs components. The Benefit Crosswalk file will provide further details on how key data elements in these file layouts will map specifically to your MAO's VBID program characteristics. MAOs are required to ensure all required data elements are complete and accurate; MAOs must ensure all dates (e.g., target start date, target end date, eligible start dates, etc.) entered match definition formats.

ii. Beneficiary-level Data Reporting on Focus Area Supplemental Benefits

As noted in the CY 2025 Request for Applications (RFA) for the VBID Model, CMS will, in collaboration with participating MAOs, collect data and evidence regarding the effects of identified impactful supplemental benefits. As part of these efforts, CMS requires MAOs to report beneficiary-level supplemental benefit data using the file layout detailed in **Appendix 3, "CY 2025 Beneficiary Level Focus Area Supplemental Benefit File Layout"** on an annual basis (see **Table 2 [Section 2.2]** for reporting schedule). For the purpose of this reporting, supplemental benefits refer to primarily or non-primarily health related supplemental benefits, and exclude cost sharing reductions on basic Part C (i.e., original Parts A/B equivalent) services and Part D services.

In contrast to the VBID Flex Supplemental Benefits *Summary* Report, the *Beneficiary-level* Data Reporting on Focus Area Supplemental Benefits is specifically focused on supplemental benefits that align with health equity focus areas for CMS, which are Food and Nutrition, Transportation, and Housing and Living Environment.

Additionally, in CY 2025, the Beneficiary-level Focus Area Supplemental Benefits file will also cover non-VBID supplemental benefits (i.e., those offered through SSBCI, UF, or non-targeted MA) that participating PBPs may have used towards fulfilling the VBID Model requirement of offering benefits in at least 2 of 3 priority or focus areas through VBID benefits, non-VBID benefits, or both. As noted in the CY 2025 VBID Model RFA, participants are required to submit beneficiary-level data on any such non-VBID benefits in addition to any supplemental benefits offered through the VBID Model.

See **Appendix 4, titled, "CY 2025 VBID Technical Specifications for Supplemental Benefit Data Reporting"** for further technical specifications and guidance covering the reporting of the Beneficiary-Level Focus Area Supplemental Benefit File (Appx. 3) and the VBID Flex Supplemental Benefit Summary Report (Appx. 5).

See Table 2 in Section 2.2 for a schedule on when to submit this data.

iii. Beneficiary-level Assessment Data Reporting on Health-Related Social Needs

CMS will collect beneficiary-level assessment data on HRSNs specifically focused on priority areas for advancing health equity, such as Food/Nutrition, Transportation, and Housing/Living environment. As part of these efforts, CMS requires MAOs to report beneficiary-level HRSN assessment data using the file layout detailed in **Appendix 6, "CY 2025 VBID Beneficiary Level HRSN Assessment File Layout"** during the test and annual data submission period (see Table 2 in Section 2.2. for reporting schedule).

Important notes regarding this file:

- The submission of beneficiary-level HRSN assessment data is mandatory for all CY 2025 VBID Model participating MAOs.
- All participating MAOs must offer the HRSN assessment in CY 2025 to each beneficiary targeted for any VBID Flex and/or RI interventions in CY 2025, and include each targeted beneficiary in their beneficiary-level HRSN assessment file, even if the beneficiary declined the offer of an HRSN assessment.
- Beneficiaries receiving non-VBID supplemental benefits to fulfill the Model's requirement of offering supplemental benefits in 2 of 3 priority HRSN areas should not be included in this file.

Additionally, this file should only include data on HRSN assessments conducted in CY 2025, and the HRSN assessment data submissions must use questions from validated, health IT-encoded screening instruments. A participating MAO is only allowed to use a non-health-IT-encoded screening instrument if it is a state-required HRSN assessment tool. Further guidance on what validated tools to use can be found on page 52 of Chapter 16b of the Medicare Managed Care Manual. Any screening instrument that meets the MA SNP (Special Needs Plan) requirement of including at least one question from a specified list for each of the three domains for health risk assessments can also be used for HRSN data reporting in the VBID Model.

HRSN assessment data that is submitted through Appendix 6 will consist only of enrollee information, plan information, and the screening statuses of each enrollee in the focus areas of Food and Nutrition, Transportation, and Housing/Living environment. Participating MAOs must submit HRSN assessment data for each enrollee who is targeted to receive any VBID Flex and/or RI interventions through the VBID Model.

Participating MAOs must also use **Appendix 7: HRSN Assessment Key** to submit contract-PBP-segment level information on what HRSN screening instruments, questions, and answers were used to determine a positive screening as reported in the beneficiary-level HRSN assessment data (Appendix 6). Both Appendix 6 and Appendix 7 will be submitted via the CMMI Portal.

See Table 2 in Section 2.2 for a schedule on when to submit these data.

iv. Test Submission and Annual Submission Timelines for Beneficiary-level Data

All MAOs that did not participate in any of the VBID-General Components (Flex or RI) in CY 2024 must submit Beneficiary-Level Test Data on VBID Flex Targeting, RI Targeting and Receipt, Focus Area Supplemental Benefits, and HRSN Assessment covering the first half of CY 2025 via the CMMI Portal during the Test Data Submission Period. See **Table 4** and **Figure 1** for an overview of what the cumulative performance periods and report submission periods cover.

Although returning CY 2025 MAOs (MAOs that participated in any VBID-General component [VBID Flex or RI] in CY 2024) are not required to submit any data during the Test Data Submission Period, we strongly encourage returning MAOs to submit beneficiary-level data during the Test Data Submission Period. Submitting data during the Test Data Submission Period will allow the VBID Team to give feedback on your organization's data submission(s) before the annual submission period.

All MAOs offering VBID Flex and/or RI interventions in CY 2025 are required to submit cumulative full-year CY 2025 Beneficiary-Level Data on VBID Flex targeting data and/or RI targeting and receipt data via the CMMI Portal during the Annual Data Submission Period.

Additionally, all CY 2025 participating PBPs were required to offer supplemental benefits in at least 2 of 3 focus areas through the VBID Model and/or as non-VBID benefits (e.g., SSBCI, UF, non-targeted MA). Accordingly, all participating MAOs are required to submit cumulative full-year CY 2025 Beneficiary-Level Data on Focus Area Supplemental Benefits during the Annual Data Submission Period covering all VBID Flex supplemental benefits and/or any non-VBID supplemental benefits falling in the focus areas.

The annual submission should include all information for CY 2025 and serve as a cumulative account of all beneficiary-specific activity or assessment in the Model year (i.e., January 1, 2025 through December 1, 2025).

Finally, all CY 2025 participating MAOs are required to submit cumulative HRSN assessment data, reflecting the latest assessment data through December 31, 2025, and no older than January 1, 2025 on all beneficiaries targeted for VBID Flex or RI interventions in CY 2025, during the Annual Submission Period.

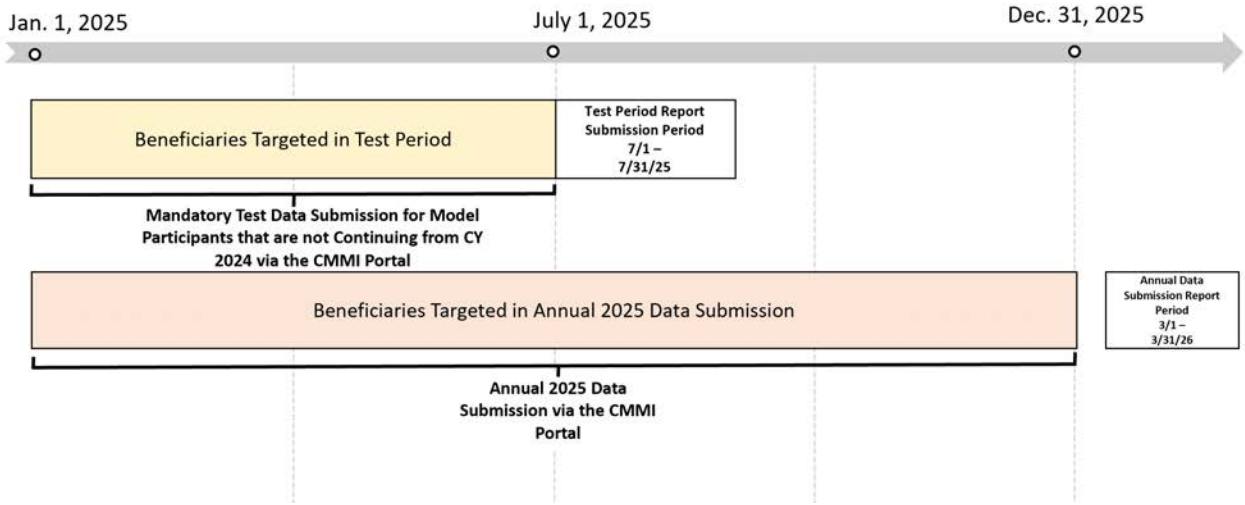
Additional instructions and training on beneficiary-level data reporting will be provided to MAOs prior to the 2025 Annual Submission.

Table 4: Beneficiary-level VBID Flex Targeting, RI Targeting and Receipt, Focus Area Supplemental Benefits, and HRSN Assessment Data Reporting Schedule (CY 2025)

Data Submission	Cumulative Performance Period	Report Submission Period
Test Data Submission[a]	1/1/25 – 6/30/25	7/1/25 – 7/31/25
2025 Annual Submission	1/1/25 – 12/31/25	3/1/26 – 3/31/26

[a] Test submission of beneficiary-level VBID Flex targeting and RI targeting/receipt data is mandatory for any MAO offering VBID Flex or RI benefits in CY 2025 that did not participate in any of these VBID-General components in CY 2024; test submission of beneficiary-level Focus Area Supplemental Benefits data is mandatory for any CY 2025 participating MAO that did not participate in any VBID-General component in CY 2024.

Figure 1: CY 2025 CMMI Portal Access Deadlines, and Cumulative Performance Periods and Report Submission Periods for Beneficiary-level Data



As shown in the figure above, any MAO that offers a VBID Flex or RI intervention in CY 2025 but did not participate in VBID Flex or RI component in CY 2024 must gain access to the CMMI Portal by 6/28/2025 to submit specified data during the 2025 Test Data Submission Period of 7/1/25- 7/31/25. Any other MAOs wishing to submit specified data during this period must also gain CMMI Portal access by 6/28/25.

Additionally, all MAOs participating in any VBID-General component in CY 2025 must confirm they have access to the CMMI Portal by 2/28/26 prior to the 2025 Annual Data Submission Period of 3/12/26-3/31/26. If access was lost for any reason by the MAO's existing Model Participant Administrator (e.g., due to MAO's personnel changes or technical issues), the MAO must work to obtain access for a new Model Participant Administrator (MPA) by 2/28/26.

Applicable MAOs should email the VBID Implementation Contractor at MAVBIDhelpdesk@acumenllc.com, with a CC to the VBID Model Team at VBID@cms.hhs.gov,

confirming that they have CMMI Portal access by the deadlines indicated above. Detailed guidance materials regarding the CMMI Portal access process will be sent to MAOs separately.

With respect to submission mechanics, beneficiary-level data must be reported to CMS through the CMMI Portal, unless otherwise instructed by CMS. The CMMI Portal will only allow reporting during the applicable report submission period, and CMS requires all MAOs to meet the submission deadlines outlined above to be considered compliant with monitoring requirements. In the rare case that a participating MAO is unable to report during the applicable report submission period due to exceptional circumstances, the MAO must inform CMS in writing at least one week before the close of the report submission period with a formal request and reason for an extension for CMS's review and approval. However, note that not all exceptions will be granted as MAOs are expected to adhere to the listed deadlines without delaying CMS's monitoring and evaluation activities. MAOs are expected to prepare well in advance of submission deadlines by reviewing all relevant guidance, asking clarifying questions about requirements and formats as needed, and establishing CMMI Portal access.

Please note that the secure CMMI Portal should be utilized for data submissions containing PII/PHI. PII/PHI should never be included in email attachments or in the body of emails. Please contact the CMMI VBID model team (VBID@cms.hhs.gov), copying the Implementation Contractor (MAVBIDhelpdesk@acumenllc.com) if you face any difficulties with CMMI Portal access or uploads.

2.5 Summary Reports and Other Reporting

i. VBID Flex Supplemental Benefits Summary Report

Consistent with the CY 2025 RFA for the VBID Model, CMS is interested in continuing to better understand the value and impact of VBID Flex supplemental benefits, including which benefits have the most meaningful impact on quality and health equity. CMS is committed to addressing health inequities and the underlying inequities within the healthcare system. As a part of this effort, CMS will continue to collect summary-level data on utilization of VBID supplemental benefits, with the exception of reduced cost sharing on basic Part C (original Part A and B equivalent) services and Part D services. These data are expected to help CMS better understand how such supplemental benefits may be tailored to address enrollees' needs and improve outcomes.

Accordingly, for CY 2025, CMS will require annual summary level data reporting of VBID Flex supplemental benefits in a format detailed in **Appendix 5, "CY 2025 VBID Summary Level Flex Supplemental Benefit File Layout"** (see Table 4 for reporting schedule). This file will include all VBID supplemental benefits indicated as being offered through the VBID mechanism (as opposed to SSBCI, UF, or non-targeted MA) within Table 5.1.1 of the "Flex_Benefits" tab of the CY 2025 Model Application Spreadsheet. It excludes cost sharing reductions on basic Part C (i.e. original Parts A/B equivalent) services and Part D services.

See Appendix 4 for technical specifications for more details on mandatory annual reporting of summary level supplemental benefits data.

Table 4: Schedule for Summary Level Reporting on VBID Flex Supplemental Benefits Data (CY 2025)

Annual Submission	Cumulative Performance Period	Report Submission Period
2025 Annual Submission	1/1/25 – 12/31/25	3/1/26 – 3/31/26

Additionally, in CY 2025, CMS may conduct outreach to participating MAOs, individually or together as part of a learning and diffusion activity, to gain a better understanding of VBID Flex supplemental benefits reporting capabilities.

ii. HRSN Assessment Key

As noted in Section 2.4 (iii), all CY 2025 VBID-Model participating MAOs must also use Appendix 7: HRSN Assessment Key to submit contract-PBP-segment level information on what HRSN screening instruments, questions, and answers were used to determine a positive screening as reported in their beneficiary-level HRSN assessment data (Appendix 6). This reporting is newly required in CY 2025. The additional information collected via Appendix 7 will help provide CMS with insights regarding trends in the application of HRSN screenings, and also provide further context in the interpretation and analyses of beneficiary-level HRSNs assessment data collected from various Model-participating MAOs.

While both Appendix 6 and Appendix 7 will be submitted via the CMMI Portal, Appendix 7 (HRSN assessment key) is only expected to be reported during the annual submission period from March 1-31, 2026 covering information for the January 1- December 31, 2025 performance period and does not need to be submitted during the test submission period for all MAOs. See Table 2 in Section 2.2 for more information on submission schedule and methods.

iii. Other Reporting

CMS reserves the right to require MAOs to collect and report data on an ad-hoc basis to monitor, audit, and evaluate the VBID Model, including to gain more insight into how participating MAOs are implementing VBID Components. An example of this type of reporting, if specifically requested by CMS, might include more detailed information on a participating MAO's targeting methodology (e.g., ICD-10 codes, or a narrative on how this methodology is operationalized via plan data systems/sources, etc.) or additional information to demonstrate the evidence base and/or theory of action for a specific VBID Component. CMS is not prescribing a specific format for ad-hoc reports at this time. Other reporting will not be requested unless it is essential to CMS monitoring, auditing, or evaluation activities.

To facilitate ad-hoc data exchange of PII/PHI between CMS and MAOs, CMS will use the Box application certified by CMS to allow sharing PII/PHI data. CMS' Box application is a secure,

web-based, electronic file transfer (EFT) tool. In general, this tool provides the following functions: secure file transfer and file management. Data submitted is only visible to the individual MAO and CMS.

Ad-hoc implementation information may also be collected through questions sent via email to better understand Model implementation efforts.

2.6 HEP Progress Report

As described in Section 1.3 and Appendices A and B of the CY 2025 VBID RFA, all MAOs participating in the VBID Model for CY 2025 must have a detailed strategy for advancing health equity as part of its approach to participation in the Model. This strategy is hereafter referred to as a Health Equity Plan (HEP).

CMS will use a qualitative survey – the HEP Progress Report – to collect information about and monitor the implementation of the HEPs from all MAOs participating in the VBID Model. **Appendix 8, "CY 2025 HEP Progress Report Template"** includes the template for the HEP Progress Report. Participating MAOs will annually complete and submit cumulative progress reports through a Qualtrics survey. MAOs participating in multiple components of the VBID Model will submit one VBID HEP Progress Report. Please see Table 5 for more details.

As part of the VBID Model's commitment to health equity and transparency, certain information in the HEP Progress Report may be made publicly available. Such information could include what organizational changes were implemented to advance health equity, the extent to which key activities potentially addressed health disparities, or other information.

Table 5: Schedule for HEP Progress Report (CY 2025)

Annual Submission	Cumulative Performance Period	Report Submission Period
HEP Progress Report Annual Submission	1/1/25 – 12/31/25	3/1/26 – 3/31/26

When completing the HEP Progress Report, a participating MAO must directly reference the narrative included in their Approved Proposal's HEP and, in general, explain in further detail how the participating MAO has advanced its efforts initially described in the HEP. Not all questions in the HEP Progress Report may be applicable to all participating MAOs based on the type of information originally included in a HEP.

CMS anticipates and allows for participating MAOs to improve upon the HEP initially submitted based on lessons learned throughout the implementation of the HEP. In cases when a participating MAO has changed its approach compared to the submitted HEP and/or the implementation approach to support advancing health equity, the participating MAO must add any new details or information about its HEP implementation activities that may not have been

available at the time of the Approved Proposal. Any changes must be identified through the HEP Progress Reports with the original and revised approach clearly identified.

NOTE: As a reminder, A HEP may not propose or use actions that selectively target beneficiaries based on race, ethnicity, national origin, religion, sex, or gender. In addition, a HEP must comply with all applicable non-discrimination laws, including section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and the MA-program specific provisions in section 1852(b) of the Act and 42 CFR § 422.110.

2.7 CMMI Portal

In CY 2020, CMS began to utilize its CMMI Portal to capture plan-reported information whenever possible and specifically for the collection of beneficiary-level data reporting. The CMMI Portal is a secure, web-based, electronic file transfer tool. In general, this tool provides the following functions: secure file transfer, file management, tracking and validation, and a framework for CMS to link beneficiary-level data reported by participating MAOs to internal CMS data. Files submitted via the CMMI Portal will be accessible in a secure manner to both CMS and its implementation contractor for review of the quality of data reported, analysis for compliance with the CY 2025 Addendum, and preparation of monitoring reports. Data submitted by each MAO is only visible to the individual MAO, CMS, and CMS contractor.

Table 6 below outlines the dates by which each participating MAO must gain access to the CMMI Portal. Each participating MAO will be allowed one primary user in the CMMI Portal (at the parent organization level). After registering and being approved by CMS, this primary user in the CMMI Portal will be authorized to approve access for additional users affiliated with the participating MAO. If/When a participating MAO needs to change the primary user authorized for the CMMI Portal (i.e., the Model Participant Administrator), the MAO must contact the VBID mailbox at VBID@cms.hhs.gov and CMS' implementation support contractor at MAVBIDHelpdesk@acumenllc.com.

CMS will provide additional instructions and specific hyperlinks to the CMMI Portal separately. Participant training will also be provided during the year to assist participating MAOs with the mechanics and technical details associated with reporting via the CMMI Portal.

Table 6: CMMI Portal Access Deadlines (CY 2025)

MAO Group	CMMI Portal Access Deadline
"New 2025 MAOs": MAOs offering a VBID-General (i.e. Flex or RI) benefit in CY 2025 that did not participate in any of these VBID-General Components in CY 2024	6/28/25
All CY 2025 MAOs participating in any VBID-General Component in CY 2025	2/28/26

2.8 Prescription Drug Event Data – Technical Guidance for Reporting

For CY 2025, certain participating MAOs were approved by CMS (as part of the VBID Component, VBID Flex) to offer reduced or zero cost-sharing for covered Part D drugs offered in a participating MA-PD plan. Examples of this might include: (a) elimination or reduction of co-pays, (b) elimination or reduction of co-insurance, or (c) exemption of a given drug from the plan deductible. These plan flexibilities directly impact a beneficiary's out-of-pocket spending and must be reported by participating MAOs in prescription drug event (PDE) data submitted to CMS. Participating MAOs offering these plan flexibilities must report beneficiary/drug event-specific costs (associated with these changes in beneficiary cost sharing) in the appropriate PDE data fields.

Guidance Regarding the "Part D Model Indicator" field

A VBID-eligible PDE is defined as any PDE for a drug for which a VBID-Model PBP offers a VBID Flex Part D reduced-cost-sharing benefit. VBID-eligible PDEs with a date of service (DOS) on or after January 1, 2023 must be submitted with a value of "01" in the Part D Model Indicator field only if the beneficiary cost-sharing for the PDE claim was indeed bought down either fully or partially by the associated VBID-participating PBP's VBID Flex Part D reduce cost sharing benefit, beyond reductions by non-VBID coverage. However, if the cost-sharing amount for the VBID-eligible PDE is already bought down to zero by other non-VBID coverage, the value of "01" should not be reported in the Part D Model indicator field when submitting the VBID-eligible PDE. For example, if a VBID-participating PBP offers a VBID Flex Part D reduced-cost-sharing benefit for all Part D Drugs at all tiers, day supply amounts, phases, and locations, then all of the PBP's PDE claims may be considered as VBID-eligible PDEs. Further, if the cost sharing for certain VBID-eligible PDEs for the PBP is indeed bought down by VBID fully or partially, then those PDEs should submitted with a value of "01" in the Part D Model Indicator field. However, if for some VBID-eligible PDEs of the PBP, the cost sharing is already bought down by other non-VBID coverage, and the VBID reduced cost sharing benefit does not buy down the coverage any further, those PDEs should not be submitted with a "01" value in the Part D Model indicator field. As another example, if a participating PBP offers a VBID Flex Part D reduced-cost-sharing benefit for drugs on certain tiers or drugs based on the PBP's VBD formulary, then only PDEs for these drugs would be considered VBID-eligible PDEs, and such VBID-eligible PDEs should only be submitted with a "01" value in the Part D indicator field if VBID coverage indeed bought down the cost sharing fully or partially beyond reduction by non-VBID coverage for those PDEs.

In other words, if any portion (partial or full) of the VBID-eligible PDE's drug cost was reduced by the VBID Flex Part D reduced cost-sharing benefit, the participating PBP **must** use the Part D Model Indicator of "01" to indicate this, even if non-VBID coverage was also used to partially buy down the cost sharing of the VBID-eligible drug. If the VBID reduced cost sharing benefit was *not* used or not needed for the VBID-eligible PDE claim, then the participating PBP should *not* use the Part D Model Indicator of "01". As such, it is important to note that not all VBID-eligible PDEs will have or require the Part D Model Indicator.

Guidance regarding the "PLRO" and "Other TrOOP Amount" fields

In CY 2024, the difference between the original cost-sharing amount after the application of any supplemental coverage the plan offers outside of VBID Flex and the reduced cost-sharing amount after the application of VBID Flex (i.e., VBID cost-sharing reductions) must be reported on the PDE in the Patient Liability Reduction due to Other Payer Amount (PLRO) field.

However, as noted in the April 15, 2024 memorandum titled, "Prescription Drug Event Record Reporting Instructions for the Implementation of the Inflation Reduction Act for Contract Year 2025," certain costs that did not meet the definition of incurred costs that count toward True Out-of-Pocket costs (TrOOP) prior to CY 2025 are incorporated into TrOOP calculations for CY 2025. VBID cost-sharing reductions will be TrOOP-eligible in CY 2025 and must be reported in the "Other TrOOP Amount" field instead of the "PLRO" field on the PDE. The PLRO field will continue to not count toward TrOOP.

For guidance on the treatment of reductions in Part D cost-sharing under the VBID Model in CY 2025, please refer to the memorandum "CORRECTION - VBID Model Prescription Drug Event (PDE) Reporting Guidance for Contract Year (CY) 2025," available on the VBID Model website

Where applicable, participating MAOs must continue to comply with all prior VBID PDE reporting guidance. Participating MAOs must also comply with all other PDE reporting rules as established by CMS for Part D plans not participating in the Model

2.9 Member Engagement Strategy

As part of the CY 2025 VBID application, participating MAOs previewed planned approaches to engage and activate Targeted and/or Eligible Enrollees in VBID Flex Benefits and/or Part D RI Programs. Then, as CY 2025 enrollment approached, participating MAOs were required to submit the VBID Member Engagement Strategy (MES) to prospectively provide a more thorough review and explanation of the planned approach and actions to ensure enrollees are aware of their VBID Flex (or "Additional") Benefits and Part D RI Programs and are fully engaged in them. MES responses were specific to either VBID Additional Benefits and/or Part D RI Programs that the MAO was offering under the VBID Model. If the MAO was offering multiple VBID Additional Benefits and/or Part D RI Programs, the MAO was instructed to group responses by Component type (e.g., VBID Additional Benefits, Part D RI Programs).

Through the VBID Model's monitoring efforts, participating MAOs will be required to submit as a follow-up, in March 2026, an updated version of the MES Goal Tracker that includes the CY 2025 Outcome for each goal. Additionally, participating MAOs will be asked qualitative questions to share best practices and lessons learned from implementation during the performance period, as outlined below in Table 7.

Table 7: Schedule for Member Engagement Strategy Monitoring Report (CY 2025)

Annual Submission	Cumulative Performance Period	Report Submission Period
2025 Annual MES Monitoring Report	1/1/25 – 12/31/25	3/1/26 – 3/31/26

Please refer to the CY 2025 VBID Model Communications and Marketing Guidelines for further guidance on the initial MES submission. **Appendix 10, "Member Engagement Strategy (MES) Monitoring Report"** includes the template for the MES Monitoring Report.

Appendix 1: CY 2025 VBID Benefit Crosswalk File Layout

Appendix 1, titled, "**CY 2025 Benefit Crosswalk Layout**" provides the layout for the Benefit Crosswalk that will be populated with each Model participating POs' CY 2025 participating-PBP-segments and their corresponding target populations and interventions, and related reporting codes, based on their approved CY 2025 Model Application Spreadsheet. The populated crosswalk will be sent via email by CMS to each PO separately towards the end of Q4 2024 for review and verification. While the layouts included in the subsequent appendices (for VBID Flex Targeting, RI Targeting/Receipt, and Beneficiary-level Focus Area Supplemental Benefits files, and the VBID Flex Supplemental Benefits Summary Reports) provide the general file layouts and all data fields expected in applicable data submissions, this PO-specific Benefit Crosswalk establishes definitions of key data fields tailored to the POs' interventions, and associated Target Population Codes and Benefit Codes for PO-specific reporting in those files. POs must thoroughly review and use their PO-specific Crosswalk's codes and definitions in conjunction with the file layouts for all relevant reporting to be considered compliant with the Model's reporting requirements.

Appendix 2: CY 2025 Beneficiary Level VBID Flex Targeting and RI Targeting and Receipt Files Layout

Appendix 2, titled, "**Calendar Year (CY) 2025 Beneficiary Level VBID Flex Targeting and RI Targeting and Receipt Files Layout**" provides file layouts for beneficiary-level reporting associated with the VBID Flexibilities (VBID Flex**")** targeting and Part D RI Programs ("RI") targeting and reward receipt. Appendix 2 includes the layouts for data files to be submitted in the test submission period (all new 2025 MAOs) and annual submission period (all 2025 MAOs). New in CY 2025, the "Opt-in" date field has been removed.

MAOs should email any questions about the data definitions to the CMS VBID Mailbox at VBID@cms.hhs.gov prior to report submission periods to prevent errors. Additionally, MAOs should pay close attention to the definition of the field, "Target End Date Reason Code," as detailed in the respective file layouts in Appendix 2 and ensure submitted data aligns exactly with these definitions as each code represents a distinct reason that a beneficiary is no longer targeted for VBID Flex benefits and/or RI Programs. For further guidance on the proper use of Target End Date Reason Codes, please contact the MA VBID Help Desk at MAVBIDhelpdesk@acumenllc.com.

Appendix 3: CY 2025 Beneficiary Level Focus Area Supplemental Benefit File Layout

Appendix 3, titled, "**CY 2025 Beneficiary Level Focus Area Supplemental Benefit File Layout**" provides file layouts for reporting of beneficiary-level supplemental benefits utilization specifically focused on priority or focus areas for advancing heath equity, such as those related to Food/Nutrition, Transportation, and Housing/Living Environment. Participating MAOs that use

supplemental benefit(s) offered outside of the VBID Model (e.g., SSBCI, UF, non-targeted MA) towards fulfilling the CY 2025 Model requirement of offering supplemental benefits in at least 2 of 3 focus or priority HRSN areas are required to submit beneficiary-level data on these non-VBID supplemental benefits in addition to any supplemental benefits offered through the VBID Model via this file.

Appendix 4: CY 2025 VBID Technical Specifications for Supplemental Benefit Data Reporting

See **Appendix 4**, titled, "**CY 2025 VBID Technical Specifications for Supplemental Benefit Data Reporting**" for additional technical specifications and guidance for mandatory annual reporting of both the Beneficiary Level Focus Area Supplemental Benefits file (with layout in Appendix 3) and the VBID Flex Supplemental Benefits Summary Report (with layout in Appendix 5).

Appendix 5: CY 2025 VBID Flex Supplemental Benefit Summary Report Layout

Appendix 5, titled, "**CY 2025 VBID Flex Supplemental Benefit Summary Report Layout**" provides file layouts for annual summary level data reporting of all VBID Flex supplemental benefits (i.e. offered through the VBID mechanism, as opposed to SSBCI, UF, non-targeted MA) that MAOs describe within Table 5.1.1 of the "Flex_Benefits" tab of the CY 2025 Model Application Spreadsheet and should not include cost sharing reductions on basic Part C (i.e. original Parts A/B equivalent) services and Part D services.

Appendix 6: CY 2025 VBID Beneficiary Level HRSN Assessment File Layout

See Appendix 6, titled, "CY 2025 VBID Beneficiary Level HRSN Assessment File Layout" for reporting of beneficiary-level assessment data on health-related social needs of VBID-targeted beneficiaries in the priority areas for advancing heath equity for the VBID model (i.e., Food/Nutrition, Transportation, and Housing/Living Environment).

Appendix 7: CY 2025 VBID HRSN Assessment Key

See **Appendix 7**, titled, "**CY 2025 VBID HRSN Assessment Key**" for reporting of the HRSN assessment tools, questions, and answers that are used to determine a positive HRSN screening status in the domains of food, transportation, and housing/living environment in the beneficiary-level HRSN assessment data reporting captured in Appendix 6.

Appendix 8: CY 2025 HEP Progress Report Template

Deadline for Reporting Date to CMS: March 31, 2026
Monitoring Period: January 1, 2025 – December 31, 2025
Reporting Platform: Qualtrics/ Fixed Format Excel File

ALL REPORTING IS AT THE PARENT ORGANIZATIONAL LEVEL

Please note this document represents the anticipated layout of the HEP Progress Report. The final layout of the HEP Progress Report may vary slightly. Model participants will be provided with a link to complete and submit the HEP Progress Report. Each participant will be directed to the appropriate questions and sub-questions based on initial responses provided in the survey.

When completing the HEP Progress Report, participants should directly reference the information included in their Approved Proposal's HEP.

Please also note: A HEP may not propose or use activities that selectively target beneficiaries based on race, ethnicity, national origin, religion, sex, or gender. In addition, a HEP must comply with all applicable non-discrimination laws, including section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and the MA-program specific provisions in section 1852(b) of the Act and 42 CFR § 422.110.

2025 HEP Progress Report Template

Question	***Response Options/Method***
Parent Organization (PO) Information	
Q1. Please enter your Parent Organization's name, your name, and your e-mail address	Text box (max 250 characters)
Q2. *[Optional]* If the staff lead responsible for the success of your organization's HEP has changed since the time of your CY 2025 application, please enter the full name, title, and email address of the new HEP champion.	Text box (max 250 characters)
Identifying and Addressing Disparities	
Q3. As a follow-up to Table 4.2.1 in your approved HEP application, please complete the following table *(see "VBID HEP Monitoring Table" on next page).* Where indicated, directly input the information included in your approved HEP.	Fill-in table

Question	***Response Options/Method***
Q4. What organizational or operational changes has your organization implemented to achieve improvements in health equity related to the VBID Model?	Select all that apply: (0) No changes made (1) Hiring staff (2) Holding trainings (3) Making investments in communities (4) Making investments in IT platforms to support health equity data collection/ analysis (5) Other (please specify – text entry)
Q5. Please describe in more detail the organizational or operational changes identified in question 4.	Text box (max 750 characters)
Q6. In retrospect, applying lessons learned from HEP implementation, how would you have changed your approach to establishing and achieving quantitative health equity goals? If you encountered no issues establishing or achieving the quantitative health equity goals submitted in your application, please select "Not applicable."	Select all that apply: (0) Not applicable (1) Analyze data to establish quantitative goals more greatly based in evidence (2) More closely monitor progress during implementation (3) Engage in different key activities to address the identified disparity (4) Study CMS resources to gain a better understanding of health equity principles and methods (5) Other (please specify – text entry)
Engagement	
Q7. At any point during the 2025 calendar year, did your organization receive any solicited and/or unsolicited feedback from any external parties regarding HEP implementation?	Y/N
Q8. [skipped if "No" to Q7] As a follow-up to question 7, which types of external parties provided feedback to your organization regarding HEP implementation?	Select all that apply: (1) enrollees (2) caregivers (3) providers (4) community partners (5) others (please specify – text entry)
Q9. [skipped if "No" to Q7] Please briefly describe the feedback received from the external parties identified in question 7.	Text box (max 500 characters)

Question	***Response Options/Method***
Q10. [skipped if "No" to Q7] Please describe how, if at all, your organization incorporated actionable external feedback into the implementation of your HEP. This might include citing a specific piece of feedback and how your organization changed a specific planned activity because of the feedback.	Text box (max 750 characters)
Advance Care Planning (ACP)	
Q11. In your initial HEP, did you identify a disparity in ACP completion or discussion rates?	Y/N
Q12. [if "Yes" to Q11] Please share any qualitative progress made in addressing the identified disparity/ disparities in ACP discussion and/or completion rates.	Text box (max 500 characters)
Q13. [if "Yes" to Q11] Provide quantitative details on the potential impact of your intervention on disparities in ACP discussion and/or completion rates. Include: (1) the ACP rates at baseline among the population experiencing the disparity, (2) the ACP rates at baseline among the reference population, (3) the ACP rates at the end of CY25 among the population experiencing the ACP disparity, (4) the ACP rates at the end of CY25 among the reference population.	Text box (max 250 characters)
Q14. [if "No" to Q11] Please share any progress your organization has made, since the time of your initial HEP, in developing the capacity to identify disparities in ACP discussion and/or completion rates.	Text box (max 500 characters)
Q15. [if "No" to Q11] Since submitting your initial HEP, have you identified a disparity in ACP discussion and/or completion rates?	Y/N
Q16. [if "Yes" to Q15] Please provide the following details on the newly identified disparity: (1) population experiencing disparity; (2) ACP discussion and/or completion rates among population experiencing disparity; (3) reference population; (4) ACP discussion and/or completion rates among reference population.	Text box (max 250 characters)
General Feedback for CMS	
Q17. What additional support could CMS provide to help you plan, implement, and/or monitor progress of your HEP?	Text box (max 500 characters)

VBID HEP Monitoring Table

Please note: the following represents the anticipated layout of the table to be submitted as a part of question 3 above. It is displayed separately in this template solely for improved readability. Participants should use this table to provide an update on the outcomes of the interventions submitted in their approved HEP applications under "Table 4.2.1: VBID HEP Interventions." Where indicated, participants should directly input the information included in their approved HEP.

Information Submitted Previously in Clarified HEP Applications					**Newly Reported Information**			
Population Experiencing Disparity – *from clarified HEP*	**Performance measure (PM) – *from clarified HEP***	**Key activity – *from clarified HEP***	**PM Baseline among population experiencing disparity – *from clarified HEP***	**CY 2025 Goal – *from clarified HEP***	**CY 2025 Outcome**	**Notes on reference population**	**Notes on reference population's outcome (max 250 characters)**	**Disparity Status (Eliminated, Reduced, Maintained, Worsened)**
Example: LIS enrollees with an HRSN related to transportation	**Example**: Emergency Department (ED) utilization	**Example**: Providing non-emergency medical transportation for primary and specialty care visits.	**Example**: 400 visits per 1,000 member months	**Example**: 300 visits per 1,000 member months	**Example**: 280 visits per 1,000 member months	**Example:** Reference population = whole member population. Reference pop. ED use at baseline = 250 visits per 1,000 MM.	**Example:** Reference pop. ED use at end of CY = 260 visits per 1,000 MM. "population experiencing disparity" and "reference population" now nearly aligned in outcomes (280 vs 260, respectively).	**Example:** Reduced
Example: enrollees with limited English proficiency	**Example:** annual wellness visit (AWV) completion rates.	**Example:** conducting targeted outreach in the member's language	**Example:** 4%	**Example:** 10%	**Example**: 7%	**Example:** At baseline, AWV completion rate was 10% among non-LEP enrollees (reference population).	**Example:** At end, rate was 11% among non-LEP enrollees. Disparity between LEP & non-LEP enrollees shrank from 6 percentage points to 4 percentage points.	**Example:** Reduced

Appendix 9: CY 2025 VBID Area Deprivation Index (ADI) Reporting

Deadline for Reporting Date to CMS: March 31, 2026
Monitoring Period: January 1, 2025 – December 31, 2025
Reporting Platform: Qualtrics

Through its monitoring efforts, CMS aims to ensure compliance with the Enrollee Advisory Committee (EAC) requirement outlined in section 2.1.3 of the CY 2025 VBID RFA and gain insight into potential best practices for garnering meaningful input from EAC members. To that end, CMS may (on an ad-hoc basis) ask MAOs opting into the ADI-targeting mechanism to submit to CMS written notes and/or an audio-visual recording of one or more VBID EAC meeting(s) throughout CY 2025. CMS may also engage in ad-hoc conversations with ADI-targeting MAOs to learn more about implementation of this novel targeting flexibility. The following list represents a sample of questions CMS may ask of participating MAOs targeting by ADI.

1. What factors informed your organization's decision to engage in ADI-targeting of benefits? How did you organization choose to leverage state vs national ADI or what ADI decile to target by (e.g. state ADI decile 10 rather than deciles 7-10)?
2. To date, what challenges and/or successes have you encountered in targeting benefits to beneficiaries based on their residence in one of the most underserved ADI areas?
3. With the opportunity to offer more geographically tailored benefits, informed directly by beneficiaries and their care community, what innovative benefit designs has your organization considered (e.g., supplemental benefits delivered in partnership with local food insecurity non-profits)?
4. Based on input from VBID EAC members, has your organization considered any upstream efforts to address social determinants of health (e.g., investment in community-identified needs, built environment in the most underserved ADI areas)?
5. To promote retention and maximize opportunities to community input, in what ways is your organization engaging EAC members between EAC meetings?
6. In the remainder of the calendar year, in what ways does your organization plan to apply early lessons learned to improve implementation of ADI-targeted benefits?
7. How does your organization ensure that EAC meetings are easily accessible to all eligible individuals who might wish to participate, including those with transportation needs and/or who operate on non-traditional business hours?
8. What additional information would you like to share with CMS regarding place-based targeting of supplemental benefits/ reduced Part D cost-sharing?

MAOs opting into the ADI-targeting mechanism will be required to annually submit qualitative, summary-level monitoring information regarding their implementation of the ADI-targeting. Please note this document represents a template of the ADI reporting. MAOs will be provided with a link to complete and submit this monitoring survey to be conducted via Qualtrics in March 2026.

Required Monitoring Reporting (submitted March 2026 via Qualtrics survey)

Question	Answer Method/ Options
Q1. On which aspect(s) of your organization's ADI Targeting were EAC members provided the opportunity to offer meaningful input?	Select all that apply: (1) Design of ADI-targeted benefits (2) Implementation of ADI-targeted benefits (3) Evaluation of ADI-targeted benefits
Q2. To promote informed decision-making by EACs, what relevant information did your organization provide to each EAC for its consideration when providing input on ADI-targeted VBID benefits?	Select all that apply: (1) Community health needs assessments led by Public Health Accreditation Board (PHAB)-accredited state and/or local health departments, hospital facilities subject to the requirements under 26 CFR § 1.501(r)-3, or other such similar entities (e.g., Health Equity Zones). (2) De-identified, summary results from HRSN screenings of individuals residing in the most underserved ADI areas within the relevant service areas, based on your organization's existing data from relevant screening tools (3) Opportunities to deliver VBID benefits in ways that consider the potential resource strengths and gaps of the most underserved ADI areas (e.g., public transportation availability), possibly in partnership with community-based organizations; (4) Publicly available ADI data, including the ADI mapping tool published by the Center for Health Disparities Research and/or any relevant information published by CMS (5) Other
Q3. (if other) Since you selected "Other," please describe the additional and/or alternative information provided to EACs members to inform decision-making. This might include, for example, plan specific data on existing benefits or other place-based initiatives.	Open response (250 characters max)
Q4. Did any of your EACs include representatives of community-based organizations (CBOs) as members?	Y/N

Question	Answer Method/ Options
Q5. (skipped if answer to Q2 is No) Please provide the organizational names of the CBO(s) included as well as the name and title of the primary contact at each CBO.	CBO Name CBO Address Contact Full Name Contact Title
Q6. Which of the following factors were meaningfully influenced by your EAC(s) input on ADI-targeted benefits?	Select all that apply: (1) Benefit amounts (e.g., number of trips, dollar amount per month), (2) Types of benefits offered (e.g., rent/utilities vs pest control), Method of benefit delivery (e.g., approved locations for healthy food card, such as local farmer's market), (3) Benefit communications/ engagement strategies (e.g., innovative methods of alerting members of eligibility for ADI-targeted benefits) (4) Other
Q7. Please provide more details regarding how your EAC(s) input meaningfully contributed to your organization's approach to ADI-targeted benefits. Include a specific suggestion made by EAC members and what specific changes were made based on that suggestion.	Open response (750 characters max)
Q8. Beyond the required ANOC/ EOC notifications, how did your organization communicate eligibility for ADI-targeted benefits to members?	Open response (250 characters max)
Q9. How many complaints did your organization receive from beneficiaries regarding the eligibility criteria for ADI-targeted benefits? If none, enter "0"	Numbers only
Q10. *[if yes to Q9]* If your organization received any complaints from beneficiaries regarding the eligibility criteria for ADI targeted benefits, please summarize the content of such complaints.	Open response (500 characters max)

Question	Answer Method/ Options
Q11. What lessons learned (e.g., EAC meeting frequency changes, benefit eligibility determination process changes) would you implement in future years of ADI-targeting?	Open response (500 characters max)
Responses to the following Enrollee Advisory Committee (EAC) monitoring questions must be submitted only for PBPs for which such information has not already been submitted to CMS via HPMS in February 2026 as part of the required Part C reporting for D-SNPs. For example, if an organization opted into ADI-targeting across 10 PBPs, 8 of which were D-SNPs and subject to the larger MA program's D-SNP EAC reporting requirements, the organization would only submit the following information for the 2 non-D-SNP PBPs.	
Q12. For each relevant EAC (i.e., EAC(s) leveraged to provide input on ADI-targeting of VBID benefits), list the dates of EAC meetings during the measurement year.	Open response. Enter the relevant Contract-PBP number followed by a colon and a list of EAC meeting dates in MM/DD/YYYY format in chronological order, separated by commas (e.g., H1234-123: 01/24/2025, 04/22/2025, 07/15/2025, 10/30/2025). Repeat this format for each PBP, as needed.
Q13. Across all relevant EACs, were interpreter services offered for each EAC meeting? ("Yes" or "No" only)	Y/N
Q14. Across all relevant EACs, were auxiliary aids and services* offered for each EAC meeting? ("Yes" or "No" only) * Auxiliary aides and services are methods by which audible, written, and visually represented information are made accessible to meeting participants with communication disabilities.	Y/N

Appendix 10: Member Engagement Strategy (MES) Monitoring Report Template

Deadline for Reporting Date to CMS: March 31, 2026
Monitoring Period: January 1, 2025 – December 31, 2025
Reporting Platform: Qualtrics

As a follow-up to your initial Member Engagement Strategy (MES) submitted in October 2024, please submit your organization's final CY 2025 Outcomes for each goal included in your initial MES Goal Tracker. *The following template is provided solely as an example and not as an exhaustive list of acceptable performance measures.*

Performance Measure	**Description**	**Rationale for Inclusion**	**Baseline (N/A if new MAO)**	**CY 2025 Goal**	**CY 2025 Outcome (to be filled out in update submitted in March 2026)**
Benefit Awareness					
Example: Personalized Face-to-Face discussions of VBID benefit eligibility	**Placeholder text**	**Placeholder text**	**Example:** 30% of VBID enrollees	**Example:** 50% of VBID enrollees	**Example:** 40% of VBID enrollees
Benefit Engagement					
Example: Providers trained on VBID benefits and eligibility requirements	**Placeholder text**	**Placeholder text**	**Example:** 80% of in-network providers	**Example:** 100% of in-network providers	**Example:** 100% of in-network providers
Accessibility					
Example: Number of beneficiary requests for non-English VBID documents	**Placeholder text**	**Placeholder text**	**Example:** 5 (of 35 LEP enrollees in service area)	**Example:** 20 (of 35 LEP enrollees in service area)	**Example:** 15 (of 35 LEP enrollees in service area)

Additionally, please answer the following questions related to your MES efforts in CY 2025. This information will help CMS better understand substantive challenges to member engagement, as well as effective strategies to ensure eligible beneficiaries access VBID Additional Benefits and/or Part D RI programs.

Question	Response to Question
Q1. Please select which, if any, challenges you encountered in implementing the VBID Member Engagement Strategy. **(select all that apply)**	a) Unclear plan messaging b) Member confusion c) Members' fixed incomes d) Members' health literacy e) Members' Limited English Proficiency f) Incorrect addresses g) Incorrect phone numbers/unable to connect h) Cultural differences i) Staff knowledge/availability j) Internal coordination k) Other (please describe) l) No challenges encountered
Q2. If you selected "Other (please describe)" above, please describe the encountered challenges.	Open response (500 characters max)
Q3. Please describe the steps taken to mitigate or overcome the challenges listed above.	Open response (500 characters max)
Q4. What methods did you ultimately use to ensure that enrollees were aware of key information regarding Additional Benefits and Part D RI Programs (e.g., eligibility, how to access Additional Benefits/Part D RI Programs, where Additional Benefits/Rewards and Incentives can be used?) (select all that apply)	a) Evidence of Coverage (EOC) (for Additional Benefits only) b) Annual Notice of Change (ANOC) (for Additional Benefits only) c) Summary of Benefits (SB) d) Explanation of Benefits (EOB) e) Brochures f) Welcome back kits g) Welcome back texts/calls h) Member orientation (in-person) i) Member orientation (online) j) Care management program k) Face-to-Face interactions at retail locations l) Sales and broker communication/marketing m) Other (please describe)
Q5. If you selected "Other (please describe)" above, please elaborate**.**	Open response (500 characters max)
Q6. Which, if any, of the notification methods selected did you find most effective at reaching enrollees? Please include what evidence informs this determination.	Open response (500 characters max)

Question	Response to Question
Q7. What, if any, lessons did your organization learn about how to best engage eligible enrollees to utilize VBID Additional Benefits and/or Part D RI programs?	Open response (500 characters max)
Q8. What additional information or education could CMS provide to help you achieve MES Goals?	Open response (250 characters max)