Calendar Year 2024 Medicare Advantage (MA) Value-Based Insurance Design (VBID) Application Reference Template

NOTE: This .PDF includes the entire set of VBID RFA questions, and in most cases an applicant will not respond to every question based on the Model Components selected and specifics of your program. This .PDF is for reference only and applicants may not use this document to respond to the VBID application.

Contents

1 Introduction and Orientation

NOTE: This document should only be used for reference purposes. All applicants must fill out and submit their application in Qualtrics. Additionally, some embedded links may only be available in Qualtrics.

1.1 Thank you for your interest in applying to participate in the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model for CY 2024. For CY 2024, CMS has streamlined the VBID Model application process to better align with the CY 2024 bid submission. Specifically, the questions in this application are similar to the questions your organization will need to complete in the Health Plan Management System (HPMS) as part of the June 5, 2023 bid submission, if your organization is approved by CMS for participation in the Model.

Please note that application questions in Qualtrics are generated based on the different VBID Model Components that you select to implement in the application. Thus, in Qualtrics, you will only see questions for the Model Components that you select in your application.

Definitions:
Within the context of this application, the VBID Model team uses the term intervention and benefit interchangeably to describe standalone actions or services offered to beneficiaries designed to improve their current health. For example, one intervention may be a flexible spending card used to purchase groceries targeted to beneficiaries with diabetes. An additional intervention could be a meal benefit targeted to beneficiaries with diabetes.

A package is defined as an intervention or group of interventions that fall under the same VBID Model Component (e.g., VBID Flex Part C, VBID Flex Part D, Part C Rewards and Incentives (RI), Part D RI, or New Tech), that are offered to beneficiaries using the same targeting methodology. For example, one VBID Flex – Part C Package could include a flexible spending card that can be used to purchase groceries and a meal benefit both of which are targeted to beneficiaries with diabetes.

Additional Materials

1. Submission of VBID Financial Template and Net Savings Template

Applicants are also required to submit to CMS: (i) projected costs for each VBID Model Component included in their application and (ii) projected net savings to Medicare over the course of the Model. Please complete and upload the CY 2024 VBID Model Financial Application Template and the CY 2024 VBID Model Net Savings Template by **11:59 PM PT on April 14, 2023**. You will be asked to upload the CY 2024 VBID Financial Application Template and CY 2024 VBID Model Net Savings Template as part of a completed **CY 2024 Application ZIP file** at the end of this application.

2. Submission of CY 2024 VBID Model Application Spreadsheet

Applicants are also required to submit to CMS the CY 2024 VBID Model Application Spreadsheet, in which you will provide, for your parent organization (PO), your enrollment, targeting and engagement estimates. In addition, this spreadsheet will collect data on any exceptions to Model Eligibility Requirements you intend to request. Lastly, you will use this spreadsheet to include additional data on all contracts, plan benefit packages (PBPs), Model Components, benefit packages, and interventions.

Please complete and upload your PO's CY 2024 VBID Model Application Spreadsheet as part of this application by **11:59 PM PT on April 14, 2023**. You will be asked to upload the CY 2024 VBID Model Application Spreadsheet as part of a completed **CY 2024 Application ZIP file** at the end of this application.

3. Submission of CY 2024 VBID Model Part D Supplemental File

Medicare Advantage Organizations (MAOs) that are applying to participate in the VBID Flex Part D Reduced Cost Sharing Component, and will be offering reduced cost sharing for some Part D drugs, but not all Part D covered drugs or all Part D covered drugs on a given formulary tier(s), must complete the VBID Part D Supplemental File, which can be accessed on the VBID Model Website. More information is available subsequently in this application to clarify whether you will need to submit a CY 2024 VBID Model Part D Supplemental File.

Applicants must be a representative, officer, chief executive officer, or general partner of the parent organization that is applying to participate in this Model test, and authorized to submit this application on the organization's behalf.

The RFAs are located on the VBID Model webpage at the following link: https://innovation.cms.gov/initiatives/vbid/.

Additional information regarding the Hospice Benefit Component can be accessed at the following link: https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview.

All files requested in this application must be submitted by
11:59 PM PT on April 14, 2023.

2 Model Eligibility Requirements

2.1 Model Eligibility Requirements and Applicant (MAO) Attestation

This section outlines the eligibility requirements for an MAO to apply for participation in the VBID Model.

Plan Type

The following MA only and Medicare Advantage-Prescription Drug (MA-PD) plan offerings are eligible to apply:

- Coordinated Care Plans
  - Health Maintenance Organizations (HMOs), including those with a Point of Service (POS) option
  - Local and Regional Preferred Provider Organizations (PPOs)
- All Special Needs Plans (SNPs)
  - Chronic Condition Special Needs Plans (C-SNPs)
  - Dual Eligible Special Needs Plans (D-SNPs)
  - Institutional Special Needs Plans (I-SNPs)

The following types of Medicare health plan are **not** eligible to participate in the VBID Model:

- Private Fee-For-Service (PFFS) Plans
- Employer Group Waiver Plans (EGWPs)*
- Medicare-Medicaid Plans (MMPs) or other demonstration plans
- Medicare Advantage Medical Savings Account (MSA) Plans
- Cost Plans (CP)
- PACE organizations (PACE)

* This exclusion applies to EGWPs that are offered exclusively to employers, labor organizations, or the trustees of a fund established by one or more employers or labor organizations that exclusively enroll members of group health plans.

Length of Plan Existence

At least one of the MAO's MA plans/PBPs listed in the application for the Model must have been offered in at least three annual coordinated election (open enrollment) periods prior to the open enrollment period for CY 2024 (i.e., offered in open enrollment for 2021, 2022, and 2023).
For plans that have been operating as Medicare-Medicaid Plans (MMPs) under CMS's Financial Alignment Initiative, any annual coordinated election (open enrollment) period during 2021, 2022, or 2023 counts toward meeting the above requirement. Thus, an MAO may meet the length of plan existence requirement on the basis of a plan that has been offered, for example, for two open enrollment periods as an MMP and for one open enrollment period as an MA plan.

Plan Performance

- In the 12 months prior to the date of application submission, the MAO's contract offering the PBP is not and has not been under sanction by CMS, as described in 42 CFR §§ 422.750 and 423.750. If an MAO's contract offering the PBP is under sanction by CMS, as described in 42 CFR §§ 422.750 and 423.750, and CMS does not grant an exception for that contract to participate in the Model, an MAO may still be approved to participate with contracts not under sanction.
- CMS may deny an application on the basis of information obtained from a program integrity screening or patterns of consistent low performance.

2.2 Disclosure of Present or Past History of Sanctions, Investigations, Probations, or Corrective Action Plans

MAOs must disclose any present or past history of sanctions, investigations, probations, or corrective action plans for the MAO, affiliates, or other relevant persons and entities, over the 36 months prior to the submission of the application. CMS will conduct appropriate program integrity (PI) screens during the application process and may choose to not select otherwise qualified MAOs based on information found during a PI screen.

This information must be submitted as part of your completed **CY 2024 Application ZIP file** at the end of this application.

3 Model Eligibility Exceptions

3.1 How to Request an Exception to a Model Eligibility Requirement

CMS will consider exception requests in limited circumstances and will reserve the right, in its sole judgment, to admit a PBP that does not strictly meet the criteria. However, CMS will only exercise that discretion when that admission is consistent with the administration and goals of the VBID Model. In addition, CMS will consider applications for plans that do not meet the criteria at the time of application but are anticipated to qualify by January 1, 2024. If you would like to submit an exception request, please complete the Exception Request Table included within the CY 2024 VBID Model Application Spreadsheet and, if applicable, submit a Disclosure of Present or Past History of Sanctions, Investigations, Probations, or Corrective Action Plans.

3.2 Is your organization requesting an exception to any of the Model Eligibility requirements?

- Yes
- No

3.3 Because you indicated that you are requesting an exception to one or more Model Eligibility requirements in Q3.2, please ensure you complete the 'Exception Request Table' of the CY 2024 VBID Model Application Spreadsheet. You will upload this workbook as part of your completed **CY 2024 Application ZIP file** along with your other application materials at the end of this application.

4 Applicant Organization Information

4.1 Parent Organization (PO) Name (Consistent with HPMS)
4.2 Medicare Advantage Organization (MAO) Name (Consistent with HPMS)
4.3 Will any of your VBID PBPs be available in any U.S. territories (e.g., Puerto Rico)?

4.4 Question on Existing Participation

Does your organization currently participate in the VBID Model (i.e., are you participating in CY 2023)?

❒ Yes
❒ No

4.5 Since you selected "Yes" that your organization is a current VBID Model participant in Q4.4, please summarize any changes and/or updates (as applicable) to Model interventions that you are proposing to offer for CY 2024 (beyond implementing these Model interventions in a different set of PBPs). **Please be sure to specify the Model Components and interventions for which the changes apply**.

4.6 Since you selected "Yes" that your organization is a current VBID Model participant in Q4.4, is this 2024 VBID application being submitted under the same PO name as the PO name your organization uses to participate in the 2023 VBID model as listed under the "Read more" tab here: https://innovation.cms.gov/innovation-models/vbid#?

❒ Yes
❒ No

4.7 Since you selected that you were submitting this application under a different PO name than used last year in Q4.6, please identify the PO name that you submitted for CY 2023.

5 Applicant Contact Information

5.1 Applicant First and Last Name (e.g., John Doe)
5.2 Title
5.3 Street Address 1
5.4 Street Address 2 **(Optional)**
5.5 City
5.6 State or Territory
5.7 Zip code
5.8 Business Phone # (and extension, if applicable)
5.9 Alternative Phone # **(Optional)**
5.10 Email Address
5.11 Secondary Contact. First and Last Name (e.g., John Doe) **(Optional)**
5.12 Secondary Contact. Business Phone # (and extension, if applicable) **(Optional)**
5.13 Secondary Contact. Email Address **(Optional)**

5.14 Additional Contact(s). You may also designate an additional contact for specific VBID Model Components (e.g., VBID Flex Part D, VBID Flex Part C, Part C RI) or specific plan function (e.g., communication/marketing materials, monitoring, compliance) if applicable. Hospice contacts will be requested in a subsequent section of this application.

5.15 Additional Contact. First and Last Name (e.g., John Doe) **(Optional)**
5.16 Additional Contact. Business Phone # (and extension, if applicable) **(Optional)**
5.17 Additional Contact. Email Address **(Optional)**
5.18 Additional Contact. Model Component or plan function **(Optional)**

6 VBID Application Summary

6.1 In addition to the required Wellness and Health Care Planning (WHP) Strategy, which will be covered later in this application, please select the VBID Model Component(s) that your organization will offer in CY 2024. You may select more than one option, but you must select at least one of the Model Components listed below. As a reminder, all VBID Model interventions, except for WHP, must be uniquely authorized by the VBID model as detailed in the CY 2024 VBID model RFA, Page 4.

A brief summary of each VBID Model Component is provided below for reference:

- VBID Flex – Part D Reduced Cost Sharing – Elimination or Reduction of cost sharing for Part D drugs and services.
- VBID Flex – Part C – Provision of additional Part C benefits (e.g., transportation, acupuncture, flexible spending cards) and/or elimination or reduction of cost sharing for basic Part C services covered by original Medicare Parts A/B (e.g., specialist visits).
- Part C Rewards and Incentives (RI) – RI with a value that reflects the expected *benefit of a service or activity* specifically related to **Part C benefits** (such as completion of a diagnosis-related screening, disease management program, transition-of-care program, etc.).
- Part D RI – RI with a value that reflects the expected *benefit of a service or activity* specifically related to the **Part D benefit** (such as drug adherence, medication therapy management, or Part D-covered vaccinations).
- New and Innovative Technologies – Coverage of new and existing medical devices for an indication that differs from the Medicare coverage determination.

- Hospice Benefit Component – Incorporation of the current Medicare hospice benefit into MA covered benefits in addition to palliative care services outside the hospice benefit for enrollees with serious illness and individualized transitional concurrent care services.

NOTE: Please select all of the VBID Model Components that are applicable to your application before proceeding. Specific questions regarding each of these Model Components will only be available if you select the relevant Components in this section.

- ❒ VBID Flex – Part D Reduced Cost Sharing
- ❒ VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing
- ❒ Part C Rewards and Incentives (RI)
- ❒ Part D RI
- ❒ New and Innovative Technologies
- ❒ Hospice Benefit Component

7 Health Equity

7.1 Advancing Health Equity

Regardless of the VBID Model Component(s) in which an applicant plans to participate, all applicants must submit a Health Equity Plan (HEP). The following required questions will help form each MAO's VBID HEP. These questions ask about the efforts your organization plans to undertake to address potential inequities and disparities in access, outcomes, and/or enrollee experience of care as it relates to your organization's participation in the VBID Model. For illustrative examples of inequities that may be applicable to your enrollee populations please see section 1.3 of the CY 2024 VBID Model RFA.

As a resource to aid in completing this section of the application, please see the Office of Minority Health (OMH) Disparities Impact Statement, a planning tool that can be used to learn how to identify, prioritize, and take action on disparities that impact health outcomes for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations: https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf. Additional technical assistance will be provided by CMS upon request.

MAOs participating in the Hospice Benefit Component of the VBID Model must include in their VBID HEP information on how the MAO plans to address potential inequities and disparities in access, outcomes, and/or enrollee experience of care as it relates to their participation in the Hospice Benefit Component as a whole. This includes any inequities in access, outcomes, and/or enrollee experience of care as it relates to palliative care, transitional concurrent care, and hospice. MAOs participating in the Hospice Benefit Component of the VBID Model and another Model Component must submit one VBID HEP, inclusive of the Hospice Benefit Component and any other Model interventions.

You will have an opportunity to submit any additional materials related to your organization's HEP that you would like to include, as a part of your organization's **CY 2024 Application ZIP file** which you will submit at the end of this application. Answers to questions below may cross-reference additional materials submitted.

Please note: Except as otherwise permitted by applicable law, a health equity plan may not propose actions that selectively target or discriminate against beneficiaries based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, geographic

location, or income.

Mandatory Health Equity Plan

7.2 Describe how you will identify, address and monitor any potential inequities in access, outcomes, and/or enrollee experience of care as it relates to all VBID Model interventions, across all Model Components. This can include, but is not limited to, the use of internal or external data sources, patient or caregiver feedback, provider feedback, and patient/caregiver/community needs assessments. Please identify the data sources you will use to identify and monitor the disparities.

7.3 Describe the specific methods and screening tools you will use to identify health-related social needs (HRSNs), which HRSNs you will be screening for, and how you will measure your VBID Model interventions' impact on those HRSNs. Describe the standardized diagnostic codes, observation codes, and other standardized coding systems you will use to consistently document HRSNs (e.g., ICD-10 Z-codes, LOINC codes, SNOMED codes) relevant to your VBID Model interventions.

7.4 Describe the health equity goals you have for your participation in the VBID Model, including any quantitative and qualitative measures of progress.

7.5 Describe which of your VBID Model interventions are being used to advance health equity, and how. If you have included community or enrollee input in the design of your VBID interventions or application, please describe such input here.

7.6 Please describe your planned efforts to deliver culturally competent care (beyond what is already required by § 422.112 outside of the Model) and engage and incorporate providers, community-based organizations or vendors into your VBID interventions who have a history of serving underserved communities, provide additional value-add services to patients and families, have strong relationships with their local communities, and/or actively collaborate with organizations that may help meet the social needs of patients. Please include (as applicable) how you plan to coordinate benefits across appropriate government programs (e.g., SNAP), community supports, and other resources for HRSNs identified in screenings, in addition to linkages to relevant benefits. In addition, specifically describe the nature of any value-based contracting efforts related to VBID interventions and health equity.

7.7 Identify any challenges or barriers that you foresee regarding the implementation of your VBID HEP, and any plans for the mitigation of those challenges or barriers.

7.8 Describe any organizational or operational changes that your organization is undertaking to achieve improvements in health equity through the VBID Model, such as, for example, hiring staff, holding trainings, making investments in communities and/or information technology platforms to support gathering and analyzing health equity data, etc.

7.9 Identify individuals in your organization who will have responsibility for implementation of the VBID HEP and their roles within the organization.

7.10 If you would like to submit any additional materials related to your organization's Health Equity Plan please include these files within your organization's **CY 2024 Application ZIP file** which you will submit at the end of this application. Answers above may cross-reference additional materials submitted.

8 Voluntary Health Equity Incubation Program

The VBID Model Health Equity Incubation Program (HEIP) aims to diffuse evidence and best practices related to the delivery of specific interventions and supplemental benefits in a targeted set of high impact areas to drive improvement and learning from the Model. The HEIP aims to help develop best practices in the design, operations and measurement of interventions in these areas; optimize their impact on health equity; and build and share an evidence base for quality improvement and medical savings related to HRSNs.

In CY 2024, the HEIP will leverage facilitated forums in which participant MAOs can share their experiences and results in offering interventions, including their challenges and successes in the planning, operations, measurement and assessment of their respective programs.

8.1 Does your organization intend to participate in the HEIP in CY 2024?
8.2 What issues would you like to see covered in future HEIP sessions? **(Optional)**
8.3 Are there particular areas of interest that you would request additional information on from CMS? **(Optional)**

9 Wellness and Health Care Planning (WHP)

9.1 As described in the RFA, WHP provides an opportunity for enrollees to discuss with their provider(s) their preferences for the kind of care they would like to receive should they not have the capacity to do so at some time in the future, and if they so choose, to prepare Advanced Care Planning (ACP) documents, such as advance directives, documenting their wishes. Participating MAOs must implement a WHP strategy to reach all enrollees in all of the PBPs included in the Model, not just those enrollees targeted for VBID and not just in select PBPs. Examples of potential WHP strategies include, but are not limited to, MAO infrastructure investments around WHP (e.g., digital platforms to support ACP, improved access to ACP data), provider-focused initiatives around WHP education, and enrollee focused initiatives (e.g., general outreach communications [such as providing information on how enrollees can access WHP services in the Evidence of Coverage and/or other materials provided to enrollees that describe their benefits], and individual outreach, and education opportunities). Additionally, MAOs participating in the Model may have a targeted strategy for subpopulations of their VBID enrollees to receive WHP, provided that a targeted strategy is combined with a strategy that reaches all enrollees in all PBPs that participate in the Model.
NOTE: Responses to applicable questions in the WHP Section should correspond directly to the responses submitted in your PBPs' bids.

9.2 WHP Program Types. How will your organization offer WHP Services to support Advance Care Planning (ACP)? Please check all boxes that apply. You may check more than one box.

- ❒ Annual Wellness Visit
- ❒ Medicare Health Risk Assessment
- ❒ Care Management Program
- ❒ In-Home Assessment
- ❒ Other

9.3 Since you selected "Other" as a WHP Program Type in Q9.2, please use this space below to describe the WHP Program Type.

9.4 WHP Methods of Engagement. What method(s) will your organization use to engage enrollees? Please check all that apply. You may check more than one box.

- ❒ Telephonic
- ❒ Print (e.g., enrollment materials, brochures, flyers, etc.)
- ❒ In-Person (e.g., doctor's office, in-home, etc.)
- ❒ Web-Based (e.g., web-based portal, telehealth, email, etc.)

9.5 WHP Strategy for All Enrollees - Annual Wellness Visit:
Please describe how you plan to leverage Annual Wellness Visit(s) to ensure *each enrollee in VBID Model PBPs* has a timely opportunity to access WHP activities/services. **Please specify which Method(s) of Engagement you will use to offer this service.**
For example, if you have indicated that you will offer in-person WHP engagement as part of Annual Wellness Visits you might explain that providers will be required to ask enrollees if they have a current ACP or would like to make/update one during annual wellness visits.

9.6 WHP Strategy for All Enrollees - Medicare Health Risk Assessment:
Please describe how you plan to leverage Medicare Health Risk Assessment(s) to ensure *each enrollee in VBID Model PBPs* has a timely opportunity to access WHP activities/services. **Please specify which Method(s) of Engagement you will use to offer this service.**
For example, if you have indicated that you will offer in-person WHP engagement as part of a Medicare Health Risk Assessment you might explain that as part of enrollees' Medicare Health Risk Assessments providers will be required to ask beneficiaries if they have a current ACP.

9.7 WHP Strategy for All Enrollees - Care Management Program:
Please describe how you plan to leverage Care Management Program(s) to ensure *each enrollee in VBID Model PBPs* has a timely opportunity to access WHP activities/services. **Please specify which Method(s) of Engagement you will use to offer this service.**
For example, if you have indicated that you will offer telephonic WHP engagement as part of a Care Management Program you might explain that on your quarterly Care Management phone calls you will ask beneficiaries if they have a current ACP.

9.8 WHP Strategy for All Enrollees - In-Home Assessment:
Please describe how you plan to leverage In-Home Assessment(s) to ensure *each enrollee in VBID Model PBPs* has a timely opportunity to access WHP activities/services. **Please specify which Method(s) of Engagement you will use to offer this service.**
For example, if you have indicated that you will offer in-person WHP engagement as part of an In-Home Assessment you might explain that providers will be required to ask enrollees if they have a current ACP or would like to make/update one during in-home assessments.

9.9 WHP Strategy for All Enrollees - Other:
Please describe how you plan to leverage your "Other" WHP Program Type(s) to ensure *each enrollee in VBID Model PBPs* has a timely opportunity to access WHP activities/services. **Please specify which Method(s) of Engagement you will use to offer this service.**

9.10 Please provide details regarding: 1.) how you plan to track if an enrollee has had a WHP

conversation; 2.) if the enrollee has completed an ACP; and 3.) how you plan to support enrollees in completing an ACP.

9.11 WHP for Subpopulations. Will you specifically target and outreach to one or more defined subpopulations of your enrollees to promote WHP/ACP discussions and ACP completions? Subpopulations may include those with specific health conditions as defined by a specific diagnosis, enrollees taking part in a specific care management program, or enrollees receiving specific types of services?

- ❒ Yes
- ❒ No

9.12 Since you selected "Yes" to offering WHP for subpopulations in Q9.11, please use the space below to describe the subpopulations that will receive tailored outreach or any additional WHP services to support ACP. Please describe how the subpopulations are identified and the outreach and services they will receive.

9.13 WHP RI for Enrollees. Will your organization offer RI to enrollees for participating in WHP activities?

NOTE: There will be later opportunities to provide details about general Part C RI and Part D RI. This question is asking specifically about RI as it relates to how your WHP program supports ACP completion.

- ❒ Yes
- ❒ No

9.14 Since you selected "Yes" to offering WHP RI in the VBID Model in Q9.13, is this WHP RI offered outside the VBID Model?

- ❒ Yes
- ❒ No

9.15 Since you selected "Yes" to offering WHP RI in the VBID Model in Q9.13, please check the type of Reward or Incentive that will be offered to enrollees as part of your WHP Strategy in the VBID Model

- **Cash Equivalents:** Please note that we cannot approve a WHP RI that includes a cash equivalent reward. See the below for more guidance on cash equivalents.
    - The Medicare and Medicaid Programs; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly Final Rule (86 FR 5864), which specifies in part that "gas cards or restaurant gift cards" are not cash equivalents, but **an item that can be converted to cash or used like cash, such as "a general purpose debit card" or "a VISA or Amazon gift card", is a cash equivalent.**
    - The Medicare and State Health Care Programs: Fraud and Abuse; Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements Final Rule (85 FR 77684), which includes the guidance that "gift cards that can only be redeemed for certain categories of items (such as fuel-only gift cards redeemable at gas stations)" may not be cash equivalents, but that **"gift cards offered by large retailers or online vendors that sell a wide variety of items (e.g., big-box stores)" are cash equivalents.**

❒ Gift Card
❒ Item
❒ Other

9.16 Since you indicated you offer a "Gift Card" for WHP RI in Q9.15, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

9.17 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your WHP RI program in Q9.15, please use this space below to describe the item that is the WHP Reward or Incentive.

9.18 Since you selected "Other", as the type of Reward of Incentive that will be offered to enrollees as part of your WHP RI program in Q9.15, please use this space below to describe the WHP Reward or Incentive.

9.19 WHP Reward or Incentive Frequency. Please provide the general frequency of the offering of the Reward or Incentive.

❒ Every year
❒ Every 6 months
❒ Every 3 months
❒ Every month
❒ One-time
❒ Other

9.20 Since you selected "Other" to WHP RI frequency in Q9.19, please use this space below to describe the frequency of the offering of the Reward or Incentive.

9.21 WHP Reward or Incentive Amount. Please provide the total dollar amount or dollar value of RI that the enrollee can receive under the WHP Reward or Incentive program.

9.22 WHP Reward or Incentive Enrollee Eligibility Criteria. Please use this space to describe the eligibility criteria for an enrollee to receive the Reward or Incentive (e.g., you might indicate that enrollees who complete or update their ACP will receive the RI, or that enrollees who review information with their provider on the benefits of completing an ACP will receive the RI).

9.23 WHP Reward or Incentive for Providers. Will your organization offer incentives to providers for engaging enrollees in WHP activities?

- ❒ Yes
- ❒ No

9.24 Since you selected "Yes" to RI for providers in the VBID Model in Q9.23, is this WHP RI for providers engaging enrollees in WHP activities offered outside the VBID Model?

- ❒ Yes
- ❒ No

9.25 WHP Reward or Incentive Amount for Providers. Since you selected "Yes" to RI for providers in the VBID Model in Q9.23, please provide the total dollar amount of RI that the provider can receive for WHP in the VBID Model.

9.26 Additional Information regarding your organization's WHP Strategy. Please use the space below to clarify or provide additional information regarding your WHP Strategy to advance WHP/ACP discussions and completions. **(Optional)**

10 VBID Flex – Part D Reduced Cost Sharing

10.1 MAOs may target enrollees for VBID benefits and services based on the following: (1) Chronic Conditions; (2) Socioeconomic Status (low income subsidy [LIS] eligibility if the VBID PBP is available in U.S. states or dual eligibility if the VBID PBP is available in U.S. territories); or (3) a combination of both (e.g., enrollees who are LIS-eligible and have COPD).

Part D Reduced Cost Sharing

10.2 Please select how many Part D Reduced Cost Sharing packages your organization will implement under the Model. For reference, a package is defined as an intervention or group of interventions that share a targeting methodology and fall under the same VBID Model Component (e.g., VBID Flex Part C, VBID Flex Part D, Part C RI, Part D RI, or New Tech). All interventions within each package must fall under the same VBID Model Component (e.g., VBID Flex Part D, VBID Flex Part C, Part C RI, Part D RI, or New Tech), and be offered to beneficiaries using the same targeting methodology; if not, they should be grouped into separate packages.

- For example, if an applicant is eliminating all cost-sharing for Part D drugs for LIS Levels 1-4 for 3 contract-PBP-segments, and eliminating all cost-sharing for Part D drugs for LIS Levels 1-2 for 1 contract-PBP-segment, then that applicant would submit 2 separate VBID Flex Part D Reduced Cost Sharing targeting methodology packages.

- Furthermore, if an applicant is eliminating Part D cost sharing for beneficiaries at LIS Levels 1-4 for 3 contract-PBP-segments, and providing a healthy food card for beneficiaries at LIS Levels 1-4 for the same 3 contract-PBP-segments then that applicant would submit the healthy food card under a unique VBID Flex Part C Package, and would submit their elimination of drug cost sharing under a separate unique VBID Flex Part D Reduced Cost Sharing Package.

NOTE: Please ensure that these targeting methodology packages are uniquely authorized by the VBID Model, and not authorizable through the broader Part C Program Flexibilities.
NOTE: Specific questions regarding each targeting methodology will only be visible in this application if you select the correct number of Part D Reduced Cost Sharing Packages.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5

10.3 VBID Flex – Part D Reduced Cost Sharing Package #1: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

10.4 VBID Flex – Part D Reduced Cost Sharing Package #1: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please also provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

10.5 VBID Flex – Part D Reduced Cost Sharing Package #1: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

10.6 VBID Flex – Part D Reduced Cost Sharing Package #1: Please indicate whether the receipt of reduced or eliminated Part D cost sharing is conditional upon the receipt of one, or both, of the following.

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

10.7 VBID Flex – Part D Reduced Cost Sharing Package #1 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

10.8 VBID Flex – Part D Reduced Cost Sharing Package #1 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

10.9 VBID Flex – Part D Reduced Cost Sharing Package #1: Please list which drugs/tiers will receive reduced cost sharing.

- ❒ All Part D drugs
- ❒ All Part D drugs on a given formulary tier(s)
- ❒ Select Part D drugs on one or more formulary tier(s) (to be included in the Part D Supplemental File)

10.10 VBID Flex – Part D Reduced Cost Sharing Package #1: Since you selected that you were offering reduced cost sharing for "All Part D drugs on a given formulary tier(s)" in Q10.9 please indicate which tiers will have this reduced cost sharing.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5
- ❒ 6

10.11 VBID Flex – Part D Reduced Cost Sharing Package #1: Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.

- ❒ Pre-ICL
- ❒ Coverage Gap
- ❒ Post-OOP Threshold/Catastrophic

10.12 VBID Flex – Part D Reduced Cost Sharing Package #1: Are you modifying the deductible amount?
NOTE: If the plan offering this package is a Dual Eligible Special Needs Plan (D-SNP) buying down cost-sharing for all Part D drugs, please select "No" below.

- ❒ Yes
- ❒ No

10.13 VBID Flex – Part D Reduced Cost Sharing Package #1: Since you indicated that you are modifying the deductible amount in Q10.12, please provide the modified deductible amount.

10.14 VBID Flex – Part D Reduced Cost Sharing Package #1: Please explain the specific copayments/coinsurance enrollees will have for the drugs that you selected for each of your formulary tiers.

10.15 VBID Flex – Part D Reduced Cost Sharing Package #2: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

10.16 VBID Flex – Part D Reduced Cost Sharing Package #2: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please also provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

10.17 VBID Flex – Part D Reduced Cost Sharing Package #2: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

10.18 VBID Flex – Part D Reduced Cost Sharing Package #2: Please indicate whether the receipt of reduced or eliminated Part D cost sharing is conditional upon the receipt of one, or both, of the following.

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

10.19 VBID Flex – Part D Reduced Cost Sharing Package #2 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

10.20 VBID Flex – Part D Reduced Cost Sharing Package #2 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

10.21 VBID Flex – Part D Reduced Cost Sharing Package #2: Please list which drugs/tiers will receive reduced cost sharing.

- ❒ All Part D drugs
- ❒ All Part D drugs on a given formulary tier(s)
- ❒ Select Part D drugs on one or more formulary tier(s) (to be included in the Part D Supplemental File)

10.22 VBID Flex – Part D Reduced Cost Sharing Package #2: Since you selected that you were offering reduced cost sharing for "All Part D drugs on a given formulary tier(s)" in Q10.21 please indicate which tiers will have this reduced cost sharing.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5
- ❒ 6

10.23 VBID Flex – Part D Reduced Cost Sharing Package #2: Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.

- ❒ Pre-ICL
- ❒ Coverage Gap
- ❒ Post-OOP Threshold/Catastrophic

10.24 VBID Flex – Part D Reduced Cost Sharing Package #2: Are you modifying the deductible amount?
NOTE: If the plan offering this package is a Dual Eligible Special Needs Plan (D-SNP) buying down cost-sharing for all Part D drugs, please select "No" below.

- ❒ Yes
- ❒ No

10.25 VBID Flex – Part D Reduced Cost Sharing Package #2: Since you indicated that you are modifying the deductible amount in Q10.24, please provide the modified deductible amount.

10.26 VBID Flex – Part D Reduced Cost Sharing Package #2: Please explain the specific copayments/coinsurance enrollees will have for the drugs that you selected for each of your formulary tiers.

10.27 VBID Flex – Part D Reduced Cost Sharing Package #3: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

10.28 VBID Flex – Part D Reduced Cost Sharing Package #3: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please also provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

10.29 VBID Flex – Part D Reduced Cost Sharing Package #3: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

10.30 VBID Flex – Part D Reduced Cost Sharing Package #3: Please indicate whether the receipt of reduced or eliminated Part D cost sharing is conditional upon the receipt of one, or both, of the following.

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

10.31 VBID Flex – Part D Reduced Cost Sharing Package #3 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

10.32 VBID Flex – Part D Reduced Cost Sharing Package #3 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

10.33 VBID Flex – Part D Reduced Cost Sharing Package #3: Please list which drugs/tiers will receive reduced cost sharing.

- ❒ All Part D drugs
- ❒ All Part D drugs on a given formulary tier(s)
- ❒ Select Part D drugs on one or more formulary tier(s) (to be included in the Part D Supplemental File)

10.34 VBID Flex – Part D Reduced Cost Sharing Package #3: Since you selected that you were offering reduced cost sharing for "All Part D drugs on a given formulary tier(s)" in Q10.33 please indicate which tiers will have this reduced cost sharing.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5
- ❒ 6

10.35 VBID Flex – Part D Reduced Cost Sharing Package #3: Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.

- ❒ Pre-ICL
- ❒ Coverage Gap
- ❒ Post-OOP Threshold/Catastrophic

10.36 VBID Flex – Part D Reduced Cost Sharing Package #3: Are you modifying the deductible amount?

NOTE: If the plan offering this package is a Dual Eligible Special Needs Plan (D-SNP) buying down cost-sharing for all Part D drugs, please select "No" below.

- ❒ Yes
- ❒ No

10.37 VBID Flex – Part D Reduced Cost Sharing Package #3: Since you indicated that you are modifying the deductible amount in Q10.36, please provide the modified deductible amount.

10.38 VBID Flex – Part D Reduced Cost Sharing Package #3: Please explain the specific copayments/coinsurance enrollees will have for the drugs that you selected for each of your formulary tiers.

10.39 VBID Flex – Part D Reduced Cost Sharing Package #4: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

10.40 VBID Flex – Part D Reduced Cost Sharing Package #4: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please also provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

10.41 VBID Flex – Part D Reduced Cost Sharing Package #4: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

10.42 VBID Flex – Part D Reduced Cost Sharing Package #4: Please indicate whether the receipt of reduced or eliminated Part D cost sharing is conditional upon the receipt of one, or both, of the following.

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

10.43 VBID Flex – Part D Reduced Cost Sharing Package #4 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

10.44 VBID Flex – Part D Reduced Cost Sharing Package #4 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

10.45 VBID Flex – Part D Reduced Cost Sharing Package #4: Please list which drugs/tiers will receive reduced cost sharing.

- ❒ All Part D drugs
- ❒ All Part D drugs on a given formulary tier(s)
- ❒ Select Part D drugs on one or more formulary tier(s) (to be included in the Part D Supplemental File)

10.46 VBID Flex – Part D Reduced Cost Sharing Package #4: Since you selected that you were offering reduced cost sharing for "All Part D drugs on a given formulary tier(s)" in Q10.45 please indicate which tiers will have this reduced cost sharing.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5
- ❒ 6

10.47 VBID Flex – Part D Reduced Cost Sharing Package #4: Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.

- ❒ Pre-ICL
- ❒ Coverage Gap
- ❒ Post-OOP Threshold/Catastrophic

10.48 VBID Flex – Part D Reduced Cost Sharing Package #4: Are you modifying the deductible amount?
NOTE: If the plan offering this package is a Dual Eligible Special Needs Plan (D-SNP) buying down cost-sharing for all Part D drugs, please select "No" below.

- ❒ Yes
- ❒ No

10.49 VBID Flex – Part D Reduced Cost Sharing Package #4: Since you indicated that you are modifying the deductible amount in Q10.48, please provide the modified deductible amount.

10.50 VBID Flex – Part D Reduced Cost Sharing Package #4: Please explain the specific copayments/coinsurance enrollees will have for the drugs that you selected for each of your formulary tiers.

10.51 VBID Flex – Part D Reduced Cost Sharing Package #5: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

10.52 VBID Flex – Part D Reduced Cost Sharing Package #5: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please also provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

10.53 VBID Flex – Part D Reduced Cost Sharing Package #5: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

10.54 VBID Flex – Part D Reduced Cost Sharing Package #5: Please indicate whether the receipt of reduced or eliminated Part D cost sharing is conditional upon the receipt of one, or both, of the following.

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

10.55 VBID Flex – Part D Reduced Cost Sharing Package #5 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

10.56 VBID Flex – Part D Reduced Cost Sharing Package #5 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

10.57 VBID Flex – Part D Reduced Cost Sharing Package #5: Please list which drugs/tiers will receive reduced cost sharing.

- ❒ All Part D drugs
- ❒ All Part D drugs on a given formulary tier(s)
- ❒ Select Part D drugs on one or more formulary tier(s) (to be included in the Part D Supplemental File)

10.58 VBID Flex – Part D Reduced Cost Sharing Package #5: Since you selected that you were offering reduced cost sharing for "All Part D drugs on a given formulary tier(s)" in Q10.57 please indicate which tiers will have this reduced cost sharing.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5
- ❒ 6

10.59 VBID Flex – Part D Reduced Cost Sharing Package #5: Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.

- ❒ Pre-ICL
- ❒ Coverage Gap
- ❒ Post-OOP Threshold/Catastrophic

10.60 VBID Flex – Part D Reduced Cost Sharing Package #5: Are you modifying the deductible amount?
NOTE: If the plan offering this package is a Dual Eligible Special Needs Plan (D-SNP) buying down cost-sharing for all Part D drugs, please select "No" below.

- ❒ Yes
- ❒ No

10.61 VBID Flex – Part D Reduced Cost Sharing Package #5: Since you indicated that you are modifying the deductible amount in Q10.60, please provide the modified deductible amount.

10.62 VBID Flex – Part D Reduced Cost Sharing Package #5: Please explain the specific copayments/coinsurance enrollees will have for the drugs that you selected for each of your formulary tiers.

10.63 Because your organization is offering at least one Part D Reduced Cost Sharing package that will be offering reduced cost sharing for some Part D drugs, but not all Part D covered drugs or all Part D covered drugs on a given formulary tier(s), please also complete the VBID Part D Supplemental File for those VBID PBPs, which can be accessed here: CY 2024 VBID Model Part D Supplemental File. You will include this file as part of your **CY 2024 Application ZIP file** at the end of the application.

11 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing

11.1 Participating MAOs may provide non-uniform supplemental benefits (including "non-primarily health- related supplemental benefits"), such as reduced cost sharing and/or additional benefits, to targeted enrollees. MAOs may target enrollees for VBID benefits and services based on the following: (1) Chronic Conditions; (2) Socioeconomic Status (low income subsidy [LIS] eligibility if the VBID PBP is available in U.S. states or dual eligibility if the VBID PBP is available in U.S. territories); or (3) A Combination of Both (e.g., enrollees who are LIS eligible and have COPD). MAOs also have the option to make the provision of additional supplemental benefits and reduced cost sharing to targeted enrollees conditional on the use of high-value providers and/or participation in a care/disease state management program.

Please check how many VBID Flex Part C Supplemental Benefits & Part C Reduced Cost Sharing packages your organization will implement under the Model. For reference, a package is defined as an intervention or group of interventions that share a targeting methodology and fall under the same VBID Model Component (e.g., VBID Flex Part C, VBID Flex Part D, Part C RI, Part D RI, or New Tech). All interventions within each package *must* fall under the same VBID Model Component (e.g., VBID Flex Part D, VBID Flex Part C, Part C RI, Part D RI, or New Tech), and be offered to beneficiaries using the same targeting methodology; if not, they should be grouped into separate packages.

- For example, if an applicant is providing a healthy food card for beneficiaries at LIS Levels 1-4 for 3 contract-PBP-segments, and providing 100 non-emergency rides for LIS Levels 1-2 for 1 contract-PBP-segment, then that applicant would submit 2 separate VBID Flex Part C Packages.
- However, if an applicant is providing a healthy food card for beneficiaries at LIS Levels 1-4 for 3 contract-PBP-segments, and providing 100 non-emergency rides for LIS Levels 1-4 for the same 3 contract-PBP-segments, then that applicant would submit 1 VBID Flex Part C Package for both benefits.
- Lastly, if an applicant is providing a healthy food card for beneficiaries at LIS Levels 1-4 for 3 contract-PBP-segments, and eliminating Part D cost sharing for beneficiaries at LIS Levels 1-4 for the same 3 contract-PBP-segments, then that applicant would submit the healthy food card under a unique VBID Flex Part C Package, and would submit their elimination of drug cost sharing under a separate unique VBID Flex Part D Reduced Cost Sharing Package.

  NOTE: Please ensure that these targeting methodology packages are uniquely authorized by the VBID Model, and not authorizable through the broader Part C Program Flexibilities.

  NOTE: Specific questions regarding each targeting methodology will only be visible in this application if you select the correct number of Part C Supplemental Benefits & Part C Reduced Cost Sharing targeting methodologies for your VBID program.

- ❒ 1
- ❒ 2
- ❒ 3
- ❒ 4
- ❒ 5

11.2 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Conditions(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

11.3 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

11.4 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

11.5 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1 – Benefits Conditioned on Use of High-Value Provider or Program Participation. Please indicate whether the receipt of supplemental benefits or reduced
Cost sharing is conditional upon the receipt of one, or both, of the following

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

11.6 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program.

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

11.7 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

11.8 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #1: Type of Part C Supplemental Benefits and/or Part C Reduced Cost Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including "non-primarily health-related supplemental benefits") and or/reduced cost sharing to be provided.

11.9 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Conditions(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

11.10 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

11.11 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

11.12 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2 – Benefits Conditioned on Use of High-Value Provider or Program Participation. Please indicate whether the receipt of supplemental benefits or reduced
Cost sharing is conditional upon the receipt of one, or both, of the following

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

11.13 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program.

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

11.14 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

11.15 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #2: Type of Part C Supplemental Benefits and/or Part C Reduced Cost Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including "non-primarily health-related supplemental benefits") and or/reduced cost sharing to be provided.

11.16 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Conditions(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

11.17 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

11.18 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

11.19 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3 – Benefits Conditioned on Use of High-Value Provider or Program Participation. Please indicate whether the receipt of supplemental benefits or reduced

Cost sharing is conditional upon the receipt of one, or both, of the following

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

11.20 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program.

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

11.21 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

11.22 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #3: Type of Part C Supplemental Benefits and/or Part C Reduced Cost Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including "non-primarily health-related supplemental benefits") and or/reduced cost sharing to be provided.

11.23 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Conditions(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

11.24 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

11.25 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

11.26 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4 – Benefits Conditioned on Use of High-Value Provider or Program Participation. Please indicate whether the receipt of supplemental benefits or reduced

Cost sharing is conditional upon the receipt of one, or both, of the following

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

11.27 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program.

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

11.28 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

11.29 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #4: Type of Part C Supplemental Benefits and/or Part C Reduced Cost Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including "non-primarily health-related supplemental benefits") and or/reduced cost sharing to be provided.

11.30 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5: Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.

- ❒ Chronic Conditions(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

11.31 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5: Please list the conditions that will be targeted. If you will target enrollees with multiple chronic conditions, please indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

11.32 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

11.33 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5 – Benefits Conditioned on Use of High-Value Provider or Program Participation. Please indicate whether the receipt of supplemental benefits or reduced

Cost sharing is conditional upon the receipt of one, or both, of the following

- ❒ Participation in a disease state management program
- ❒ Use of a high-value provider(s) in the network
- ❒ Not Applicable

11.34 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5 – Benefits Conditioned on Program Participation: Please explain the components of the disease state management program.

- Please provide a description of how your organization intends to link disease state management or related programs to the conditional benefits, including what an enrollee must do to qualify and a justification of how this is clinically reasonable, non-discriminatory, and not likely to have adverse impacts on enrollees.

11.35 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5 – Benefits Conditioned on Use of High Value Provider: Please explain the proposed methodology for identifying high value providers.

- Please describe the extent to which your organization anticipates that high-value providers will be accessible throughout your PBPs' service area, or confined to a specific geographic area, and any accommodations or alternatives available to eligible/targeted enrollees unable to access a high-value provider.

11.36 VBID Flex – Part C Supplemental Benefits & Part C Reduced Cost Sharing Package #5: Type of Part C Supplemental Benefits and/or Part C Reduced Cost Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including "non-primarily health-related supplemental benefits") and or/reduced cost sharing to be provided.

12 Part C Rewards and Incentives (RI) Programs

12.1 In the VBID Model, plans are permitted to offer Model Part C RI, as well as RI in connection with the Part C benefit (Part C RI). The total combined available Part C and Part D RI amount per enrollee cannot exceed $600 per calendar year. Additional details on RI proposals can be found below:

- **Cash Equivalents:** Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the below for more guidance on cash equivalents.
    - The Medicare and Medicaid Programs; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly Final Rule (86 FR 5864), which specifies in part that "gas cards or restaurant gift cards" are not cash equivalents, but **an item that can be converted to cash or used like cash, such as "a general purpose debit card" or "a VISA or Amazon gift card" is a cash equivalent.**
    - The Medicare and State Health Care Programs: Fraud and Abuse; Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements Final Rule (85 FR 77684), which includes the guidance that "gift cards that can only be redeemed for certain categories of items (such as fuel-only gift cards redeemable at gas stations)" may not be cash equivalents, but that **"gift cards offered by large retailers or online vendors that sell a wide variety of items (e.g., big-box stores)" are cash equivalents.**

For more information, please consult the VBID RFA.

Applicants may propose to use RI with a value that reflects the expected *benefit of a service or activity* (such as completion of a diagnosis-related screening, or engagement with MAO services), rather than just the cost of the health-related service or activity, up to $600 annually per enrollee. *NOTE: Like all Model Components other than WHP, proposed interventions in Part C RI must be uniquely authorized by the VBID Model.*
NOTE: RI programs related to Part D benefits (such as medication adherence) should NOT be included under this section and should be included under the Part D RI section of the application

12.2 Please check how many Part C RI packages will be implemented under the Model. (Note: Part C RI programs that have previously been listed as part of WHP RI within this application should not be included within this section).
NOTE: Please ensure that these targeting methodology packages are uniquely authorized by the VBID Model, and not authorizable through the broader Part C Program Flexibilities.
NOTE: Specific questions regarding each Part C RI program will only be visible in this application if you select the correct number of VBID Part C RI programs.

❒ 1
❒ 2
❒ 3

12.3 Part C RI Package #1: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.

❒All Enrollees
❒Chronic Condition(s)
❒Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
❒Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

12.4 Part C RI Package #1: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

12.5 Part C RI Package #1: Please select all targeted LIS Levels

❒ Level 1
❒ Level 2
❒ Level 3
❒ Level 4
❒ Dual-Eligible (only for PBPs in U.S. territories)

12.6 Part C RI Package #1: Type of RI

Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.

❒Gift Card
❒Item
❒Other

12.7 Since you indicated you offer a "Gift Card" for Part C RI in Q12.6, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

12.8 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.6, please use this space below to describe the item that is the Part C Reward or Incentive.

12.9 Since you selected "Other" as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.6, please use this space below to describe the Part C Reward or Incentive.

12.10 Please provide the frequency of the Part C Reward or Incentive

- ❒Every year
- ❒Every 6 months
- ❒Every 3 months
- ❒Every month
- ❒One-time
- ❒Other

12.11 Since you selected "Other" to Part C RI frequency in Q12.10, please specify the frequency of the Part C Reward or Incentive

12.12 Part C RI Package #1: Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year

12.13 Part C RI Package #1: Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI

12.14 Part C RI Package #1: Please explain why you believe the proposed Part C RI intervention is *not* authorized outside of the VBID Model

12.15 Part C RI Package #2: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.

- ❒All Enrollees
- ❒Chronic Condition(s)
- ❒Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
- ❒Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

12.16 Part C RI Package #2: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

12.17 Part C RI Package #2: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

12.18 Part C RI Package #2: Type of RI

Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.

- ❒Gift Card
- ❒Item
- ❒Other

12.19 Since you indicated you offer a "Gift Card" for Part C RI in Q12.18, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

12.20 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.18, please use this space below to describe the item that is the Part C Reward or Incentive.

12.21 Since you selected "Other" as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.18, please use this space below to describe the Part C Reward or Incentive.

12.22 Please provide the frequency of the Part C Reward or Incentive

- ❒Every year
- ❒Every 6 months
- ❒Every 3 months
- ❒Every month
- ❒One-time
- ❒Other

12.23 Since you selected "Other" to Part C RI frequency in Q12.22, please specify the frequency of the Part C Reward or Incentive

12.24 Part C RI Package #2: Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year

12.25 Part C RI Package #2: Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI

12.26 Part C RI Package #2: Please explain why you believe the proposed Part C RI intervention is *not* authorized outside of the VBID Model

12.27 Part C RI Package #3: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.

- ❒All Enrollees
- ❒Chronic Condition(s)
- ❒Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
- ❒Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

12.28 Part C RI Package #3: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

12.29 Part C RI Package #3: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

12.30 Part C RI Package #3: Type of RI

Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.

- ❒Gift Card
- ❒Item
- ❒Other

12.31 Since you indicated you offer a "Gift Card" for Part C RI in Q12.30, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

12.32 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.30, please use this space below to describe the item that is the Part C Reward or Incentive.

12.33 Since you selected "Other" as the type of Reward of Incentive that will be offered to enrollees as part of your Part C RI program in Q12.30, please use this space below to describe the Part C Reward or Incentive.

12.34 Please provide the frequency of the Part C Reward or Incentive

- ❒Every year
- ❒Every 6 months
- ❒Every 3 months
- ❒Every month
- ❒One-time
- ❒Other

12.35 Since you selected "Other" to Part C RI frequency in Q12.34, please specify the frequency of the Part C Reward or Incentive

12.36 Part C RI Package #3: Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year

12.37 Part C RI Package #3: Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI

12.38 Part C RI Package #3: Please explain why you believe the proposed Part C RI intervention is *not* authorized outside of the VBID Model

12.39 Safeguards against misuse: Please provide information about how your organization intends to monitor and provide safeguards against misuse of Model rewards. Misuse includes, but is not limited to, the purchase of alcohol, tobacco, or firearms. Rewards and Incentives should also not be able to be used for gambling.

12.40 Additional Information regarding your organization's Part C RI Programs (Optional) Please use the space below to clarify or provide additional information regarding your Part C RI programs.

13 Part D Rewards and Incentives (RI) Programs

13.1 In the VBID Model, plans are permitted to offer Model Part C RI, as well as RI in connection with the Part D benefit (Part D RI). The total combined available Part C and Part D RI amount per enrollee cannot exceed $600 per calendar year. Additional details on RI proposals can be found below:

- **Cash Equivalents:** Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the below for more guidance on cash equivalents.
    - The Medicare and Medicaid Programs; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly Final Rule (86 FR 5864), which specifies in part that "gas cards or restaurant gift cards" are not cash equivalents, but **an item that can be converted to cash or used like cash, such as "a general purpose debit card" or "a VISA or Amazon gift card" is a cash equivalent.**
    - The Medicare and State Health Care Programs: Fraud and Abuse; Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements Final Rule (85 FR 77684), which includes the guidance that "gift cards that can only be redeemed for certain categories of items (such as fuel-only gift cards redeemable at gas stations)" may not be cash equivalents, but that **"gift cards offered by large retailers or online vendors that sell a wide variety of items (e.g., big-box stores)" are cash equivalents.**

For more information, please consult the VBID RFA.

Applicants may propose to use RI with a value that reflects the expected *benefit of a service or activity* (such as completion of a diagnosis-related screening, or engagement with MAO services), rather than just the cost of the health-related service or activity, up to $600 annually per enrollee. *NOTE: Please ensure that these targeting methodology packages are uniquely authorized by the VBID Model, and not authorizable through the broader Part C Program Flexibilities.*

Applicants may propose Part D RI Programs that, in connection with medication use, focus on promoting improved health, medication adherence, or the efficient use of health care resources. All proposed Model Part D RI Programs must be designed to encourage enrollees to use Part D covered medications in ways that lead to improvement in at least one of these three areas:

1. health outcomes;
2. medication adherence; or
3. the efficient use of health care resources.

Part D RI Programs under this Model must fit within one or more of the following designs of an RI Program:

- Part D RI Programs may be designed for enrollees who have specific conditions or enrollees who would otherwise benefit from participation in disease state management programs;
- Part D RI Programs may be designed to provide RI for participating in plan sponsor medication therapy management (MTM) programs;
- Part D RI Programs may be designed to provide RI for enrollees who participate in preventive health services, such as receiving covered Part D vaccines; or
- Part D RI Programs may be designed to allow enrollees to better understand their Part D plan benefits, costs, and therapeutic-equivalent coverage alternatives, including biosimilars and generics.

13.2 Number of Part D RI programs to be offered. Please indicate the number of Part D RI packages that will be offered.

NOTE: Please ensure that these targeting methodology packages are uniquely authorized by the VBID Model, and not authorizable through the broader Part C Program Flexibilities.
NOTE: Specific questions regarding each Part D RI program will only be visible in this application if you select the correct number of VBID Part D RI programs.

❒ 1
❒ 2
❒ 3

13.3 Part D RI Package #1: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.

❒ All Enrollees
❒ Chronic Condition(s)
❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
❒ Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

13.4 Part D RI Package #1: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

13.5 Part D RI Package #1: Please select all targeted LIS Levels

❒ Level 1
❒ Level 2
❒ Level 3
❒ Level 4
❒ Dual-Eligible (only for PBPs in U.S. territories

13.6 Part D RI Package #1: Type of RI
Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.
- ❒ Gift Card
- ❒ Item
- ❒ Other

13.7 Since you indicated you offer a "Gift Card" for Part D RI in Q13.6, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

13.8 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.6, please use this space below to describe the item that is the Part D Reward or Incentive.

13.9 Since you selected "Other", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.6, please use this space below to describe the Part D Reward or Incentive.

13.10 Please provide the frequency of the Part D Reward or Incentive
- ❒ Every year
- ❒ Every 6 months
- ❒ Every 3 months
- ❒ Every month
- ❒ One-time
- ❒ Other

13.11 Since you selected "Other" to Part D RI frequency in Q13.10, please specify the frequency of the Part D Reward or Incentive

13.12 Part D RI Package #1: Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year

13.13 Part D RI Package #1: Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI.

13.14 Part D RI Package #2: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.
- ❒ All Enrollees
- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
- ❒ Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

13.15 Part D RI Package #2: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

13.16 Part D RI Package #2: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

13.17 Part D RI Package #2: Type of RI

Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.

- ❒ Gift Card
- ❒ Item
- ❒ Other

13.18 Since you indicated you offer a "Gift Card" for Part D RI in Q13.17, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

13.19 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.17, please use this space below to describe the item that is the Part D Reward or Incentive.

13.20 Since you selected "Other", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.17, please use this space below to describe the Part D Reward or Incentive.

13.21 Please provide the frequency of the Part D Reward or Incentive

- ❒ Every year
- ❒ Every 6 months
- ❒ Every 3 months
- ❒ Every month
- ❒ One-time
- ❒ Other

13.22 Since you selected "Other" to Part D RI frequency in Q13.21, please specify the frequency of the Part D Reward or Incentive

13.23 Part D RI Package #2: Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year

13.24 Part D RI Package #2: Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI.

13.25 Part D RI Package #3: Please choose whether your organization will target all enrollees, or target a subset of enrollees based on chronic conditions, socioeconomic status, or both chronic conditions and socioeconomic status.

- ❒ All Enrollees
- ❒ Chronic Condition(s)
- ❒ Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)
- ❒ Both Chronic Condition(s) and Socioeconomic Status (LIS Level, or dual-eligible status for PBPs in U.S. territories)

13.26 Part D RI Package #3: Please list the conditions that will be targeted and indicate if an enrollee must have one, multiple, or all of the conditions listed to be targeted. If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.

13.27 Part D RI Package #3: Please select all targeted LIS Levels

- ❒ Level 1
- ❒ Level 2
- ❒ Level 3
- ❒ Level 4
- ❒ Dual-Eligible (only for PBPs in U.S. territories)

13.28 Part D RI Package #3: Type of RI

Please note that we cannot approve an RI Program that includes a cash equivalent reward. See the RFA for more guidance on cash equivalents.

- ❒ Gift Card
- ❒ Item
- ❒ Other

13.29 Since you indicated you offer a "Gift Card" for Part D RI in Q13.28, please use this space below to provide details on the Reward or Incentive. Please identify the specific gift card, or choice of gift cards, that you will provide to your eligible enrollees. As a reminder, the gift card must **not be redeemable for cash** and your response should clearly identify **where** the gift card can be used and **other descriptions or limitations** around the gift card.

13.30 Since you selected "Item", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.28, please use this space below to describe the item that is the Part D Reward or Incentive.

13.31 Since you selected "Other", as the type of Reward of Incentive that will be offered to enrollees as part of your Part D RI program in Q13.28, please use this space below to describe the Part D Reward or Incentive.

13.32 Please provide the frequency of the Part D Reward or Incentive

- ❒ Every year
- ❒ Every 6 months
- ❒ Every 3 months
- ❒ Every month
- ❒ One-time
- ❒ Other

13.33 Since you selected "Other" to Part D RI frequency in Q13.32, please specify the frequency of the Part D Reward or Incentive

13.34 Part D RI Package #3: Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year

13.35 Part D RI Package #3: Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI.

13.36 Safeguards against misuse: Please provide information about how your organization intends to monitor and provide safeguards against misuse of Model rewards. Misuse includes, but is not limited to, the purchase of alcohol, tobacco, or firearms. Rewards and Incentives should also not be able to be used for gambling.

13.37 Additional Information regarding your organization's Part D RI Program(s) (Optional)
Please use the space below to clarify or provide additional information regarding your Part D RI programs.

14 Medical Devices & New Technologies

14.1 Flexibility to Cover New and Existing Technologies or FDA Approved Medical Devices
Consistent with existing MA rules for supplemental benefits, participating MAOs are permitted to provide coverage for: (i) an FDA approved medical device or new technology that has a Medicare coverage determination (both national and local) where the MA plan seeks to cover it for an indication that differs from the Medicare coverage determination and the MA plan demonstrates the device is medically reasonable and necessary; and (ii) for new technologies that do not fit into an existing benefit category.

14.2 Please describe the FDA approved medical device(s) or new technologies.

14.3 Will the FDA approved medical device(s) or new technologies be used to cover an indication that differs from the Medicare coverage determination? If yes, please explain.

14.4 Do the new technologies fit into an existing benefit category? If yes, please describe.

14.5 Please explain how the FDA approved medical device(s) or new technologies are reasonable and necessary for the targeted enrollee population.

14.6 Additional Information regarding your organization's offering of new devices or technologies for enrollees (Optional)
Please use the space below to clarify or provide additional information regarding your offering of new devices or technologies

15 Hospice Benefit Component

15.1 Through the Hospice Benefit Component, CMS is testing the impact on payment and service delivery of incorporating the Medicare Part A hospice benefit with the goal of creating a seamless care continuum in the MA program for Part A and Part B services.

15.2 Are you a former or existing VBID Model Hospice Benefit Component participant in CY 2021, CY 2022, and/or CY 2023?

- ❒ Yes
- ❒ No

MAO Hospice Contacts
Please provide the below contact information for your organization's Hospice Network Administrative Contact

15.3 First and Last Name (e.g., John Doe)
15.4 Email address
15.5 Business Phone #
15.6 Other Phone # **(Optional)**

Please provide the below contact information for your organization's Clinical and Patient Support Contact. This can be the same contact as the Hospice Network Administrative Contact. **(Optional)**
15.7 First and Last Name (e.g., John Doe)
15.8 Email address **(Optional)**
15.9 Business Phone # **(Optional)**
15.10 Other Phone # **(Optional)**

16 Hospice Benefit Component - Approach to and Delivery of Palliative Care

16.1 The following questions are about your MAO's approach to providing access to timely and appropriate palliative care services for enrollees who can benefit from these services.

16.2 Which of the following does or will your palliative care program include? Please select all that apply.

- ❒ Palliative care assessment and consultation services
- ❒ Care coordination by an interdisciplinary care team
- ❒ Care planning and goals of care discussions
- ❒ Advance care planning (ACP)
- ❒ Access to social services and community resources
- ❒ Access to mental health and medical social services
- ❒ 24/7 telephonic palliative care support
- ❒ Psychosocial and spiritual support
- ❒ Pain and symptom management
- ❒ Medication reconciliation
- ❒ Caregiver support
- ❒ Other

16.3 Since you selected "Other" to palliative care program type in Q16.2 please describe the services that your palliative care program will provide

16.4 Please use this section to provide any additional narrative on the previously described palliative care program and the role of an interdisciplinary care team in providing palliative care services. Please include both clinical/medical and social support aspects (e.g., community-based model, telephonic case management, case management, inpatient, outpatient, etc.). **(Optional)**

16.5 What is your enrollee identification process (e.g., based on clinical interaction, claims data algorithm, etc.) and what are the enrollee population characteristics associated with that process (e.g., identified by diagnoses and utilization of specific services)? As a reminder, palliative care does not require an enrollee to have a life expectancy of six months or less, and may be provided together with curative treatment at any stage in a serious illness. See Section 2.2 of the Hospice RFA for more details.

16.6 Please describe your approach to tracking and monitoring receipt of palliative care to allow for monitoring of overall levels of palliative care utilization and to allow for effective care coordination of enrollees receiving palliative care.

16.7 Describe your approach to align or introduce different care options, including hospice for those enrollees that elect the hospice benefit, through offering upstream palliative care services in CY 2024.

16.8 Describe the providers you expect to engage with to provide palliative care (e.g., in-network hospice providers, primary care providers, or other specialists).

16.9 How are you accounting for palliative care in the bid (e.g., administrative, medical and/or supplemental benefits)? What are the projected costs for palliative care? Please include cost buildup of the projection (e.g., types of services, volumes and costs for each)? If costs would not be budget neutral had hospice not been carved in, please explain

16.10 Since you are an existing or former participant implementing the Hospice Benefit Component for CY 2021, CY 2022 and/or CY 2023, please describe any changes to your palliative care program from CY2021, CY 2022 and/or CY 2023 to CY 2024, if applicable. Include description of how CY 2022 and/or CY 2023 experience (including the COVID-19 Public Health Emergency) informed these changes. **(Optional)**

17 Hospice Benefit Component - Transitional Concurrent Care

17.1 The following questions are about your MAO's approach to transitional concurrent care.

17.2 Please describe the approach to working with in-network hospice and other providers to identify the transitional concurrent care services that will be offered, based on a beneficiary's plan of care, including any expected utilization management.

17.3 Please describe the expected transitional concurrent care items or services that would be offered based on the enrollee's plan of care.

17.4 Will there be a limit to beneficiaries' usage of transitional concurrent care (e.g., enrollees are eligible for benefits for the first two months following hospice election)?

- ❒ Yes
- ❒ No

17.5 Because you indicated that there was a limit to beneficiaries use of transitional concurrent care in Q17.4, please explain what limitations exist for this benefit.

17.6 Since you are an existing or former participant implementing the Hospice Benefit Component

for CY 2022 and/or CY 2023, please describe any changes to your transitional concurrent care program from CY 2022 and/or CY2023 to CY 2024, if applicable. Include description of how CY 2022 and/or CY 2023 experience (including the Public Health Emergency) informed these changes. **(Optional)**

17.7 Please verify the following by selecting Yes to the check box below:

1) Transitional concurrent care will be appropriate, reflective of patients' and caregivers' needs as identified in the plan and goals of care;
2) Transitional concurrent care will not duplicate the services covered in the Medicare hospice benefit;
3) Transitional concurrent care will be coordinated among in-network hospices, MAOs and other in-network treating providers, as applicable; and
4) Transitional concurrent care guidelines or policies will be maintained by the MAO to ensure appropriate enrollee access to transitional concurrent care.

❒ Yes

18 Hospice Benefit Component – Hospice Supplemental Benefits

18.1 The following questions are about your MAO's approach to Hospice Supplemental Benefits

18.2 Are you offering any hospice supplemental benefits that are targeted to or for which eligibility is limited to enrollees who have elected hospice?

❒ Yes
❒ No

18.3 Because you responded "Yes" to limiting hospice supplemental benefits in Q18.2, what is the maximum plan benefit amount?

18.4 Please indicate the types of supplemental benefits that will be offered. Please select all that apply.

❒ Home and bathroom safety devices and modifications
❒ Over-the-counter (OTC) benefits
❒ In-home support services
❒ Medically-Approved Non-Opioid Pain Management
❒ Stand-alone Memory Fitness Benefit
❒ Support for caregivers of enrollees
❒ Meals
❒ Transportation
❒ Pest Control
❒ Indoor Air Quality Equipment and Services
❒ Social Needs Benefits
❒ Complementary Therapies
❒ Services Supporting Self-Direction
❒ Structural Home Modifications
❒ General Supports for Living
❒ Reduced cost-sharing for unrelated medical care services received during hospice election

- ❒ Reduced cost-sharing for services under the hospice benefit, including hospice drugs and biologicals or inpatient respite care
- ❒ Reduced cost-sharing for transitional concurrent care
- ❒ Other

18.5 Since you selected "Other" to types of hospice supplemental benefits in Q18.4 please describe

18.6 Please detail any use of care managers or other approaches that allow for the provision of hospice
supplemental benefits for enrollees who have elected hospice. **(Optional)**

18.7 Please identify any hospice supplemental benefits that are limited to enrollees who choose in- network providers. For MAOs offering PPO plans, please include an explanation for why the coverage of hospice supplemental benefits needs to be limited to in-network providers only. **(Optional)**

19 Hospice Benefit Component – Beneficiary Access to Hospice Care and Network Requirements

19.1 The following questions are about your enrollees' access to hospice care, including questions about the hospice provider network structure.

19.2 Describe the identification and selection criteria and processes (including credentialing for in- network providers) supporting the creation of your organization's hospice provider network and how that process complies with MA regulations on provider networks (see 42 CFR §§ 422.200 through 422.224). Please identify specific standards and sources of public or non-public information you may use in this process.

19.3 Describe how you will monitor and evaluate quality of care provided by in-network providers. Include the types of data or processes you expect to use in monitoring and evaluating quality for the purposes of network selection and on an ongoing basis and any training or quality improvement initiatives you plan to offer.

19.4 Describe any planned innovative programs or payment arrangements. **(Optional)**

19.5 Please describe how you plan to work with out-of-network hospice providers to ensure access for your enrollees and coordination of care throughout the Hospice Benefit Component.

19.6 Will you be using a voluntary consultation process?

- ❒ Yes
- ❒ No

19.7 Since you selected that you have a voluntary consultation process in Q19.6, please list which PBPs will use a voluntary consultation process.

19.8 Since you selected that you have a voluntary consultation process in Q19.6, please describe any consultation process.

20 Additional Network Requirements for Participating MAOs with Mature-Year PBPs ONLY

20.1 Do you attest that all counties in your service area(s) will meet the hospice MNP requirements set forth by CMS prior to January 1, 2024, and that you will maintain compliance with the hospice MNP requirements all throughout 2024?

❒ Yes

20.2 Please describe how you will ensure that each in-network hospice is able to deliver care in a timely manner across all four levels of hospice care. Please include separate considerations for in-home or in-community care (i.e., routine home care and continuous home care) and for inpatient care (i.e., general inpatient care and respite care).

20.3 Please describe, beyond meeting the MNP requirement, how you will ensure that your network of hospice providers have adequate capacity (e.g., average daily census, staffing, access to facilities, etc.) to meet the needs of projected demand for hospice across your service area(s) and how your organization intends to ensure compliance with 42 CFR § 422.112 for hospice benefits.

20.4 Please describe any efforts to engage and incorporate hospice providers into your network who have a history of serving underserved populations, provide additional value-add services to patients and families, have strong relationships with their local communities, and/or actively collaborate with organizations that may help meet the social needs of patients.

20.5 Please describe how you will ensure cultural competency throughout your hospice network. This may include a description of cultural competency programs and/or trainings; if/how you engage local organizations to develop and inform relevant trainings, and which organizations you will engage; etc.

21 Financial Submission

21.1 Financials Supporting your VBID Application

***Applicants are also required to submit to CMS: (i) projected costs for each VBID Model Component included in their application and (ii) projected net savings to Medicare over the course of the Model.

Please complete and upload the CY 2024 VBID Model Financial Application Template and CY 2024 Net Savings Template as part of your **CY 2024 Application ZIP file** at the end of this application.

22 Applicant Attestation

22.1 Applicant Information and Attestation

The applicant must attest that he or she is a representative, officer, chief executive officer, or general partner of the business organization that is applying to participate in this Model test, and authorized to submit this application on applicant's behalf. If the applicant becomes aware that any information in this application is not true, correct, or complete, the applicant must notify the Centers for Medicare & Medicaid Services (CMS) immediately and in writing. CMS reserves the right to inspect and verify the information submitted in this application.

By clicking the "Yes" button below, you are attesting that the information provided in this application is true, correct, and complete as of the date it is submitted to CMS.

❒ Yes

23 Submission of Supplemental Files

****IMPORTANT REMINDER****

23.1 Your VBID Application will not be considered complete until you have submitted all of the application documents listed below. Please include these files as a single CY 2024 Application ZIP file.

23.2 VBID Financial Application: If you have not already done so, please download and complete the CY 2024 VBID Model Financial Application Template and the **required** CY 2024 VBID Model Net Savings Template. Please use the following naming conventions for these files:

1.) "Parent Org Name_CY 2024 VBID Model Financial Application"
2.) "Parent Org Name_CY 2024 VBID Model Net Savings"

23.3 CY 2024 VBID Model Application Spreadsheet: If you have not already done so, please download and complete the CY 2024 VBID Model Application Spreadsheet. Please use the following naming conventions for this file:

1.) "Parent Org Name_CY 2024 VBID Model Application Spreadsheet"

23.4 VBID Part D Supplementary File: If you are reducing cost-sharing for Part D drugs for targeted enrollees, and you have not already done so, please download and complete the CY 2024 VBID Model Part D Supplemental File Template. Please use the following naming conventions for this file:

1.) "Parent Org Name_CY 2024 VBID Model Application Spreadsheet"

23.5 Disclosure of Present or Past History of Sanctions, Investigations, Probations, or Corrective Action Plans: MAOs must disclose any present or past history of sanctions, investigations, probations, or corrective action plans for the MAO, affiliates, or other relevant persons and entities, over the 36 months prior to the submission of the application. CMS will conduct appropriate program integrity (PI) screens during the application process and may choose to not select otherwise qualified MAOs based on information found during a PI screen. Please use the following naming conventions for this file:

1.) "Parent Org Name_CY 2024 VBID Disclosure of Past Sanctions"

23.6 Optional Additional Health Equity Plan Materials: If you have additional documentation that you would like to submit relevant to your organization's Health Equity Plan, please include them as part of your **CY 2024 Application ZIP file.** If possible, within your ZIP File, please place the file(s) related to your Health Equity Plan in a folder that uses the following naming convention:

1.) "Parent Org Name_CY 2024 VBID Health Equity Plan"

23.7 Please upload your completed CY 2024 Application ZIP file below: