

Second Application Office Hours Webinar Transcript

Thursday, April 4, 2024

Kristina Askin:

Hello, and welcome to today's Application Office Hours Webinar. I'll now pass it over to Anna to get us started. [00:00:08]

Anna Rosenblatt:

Hello everyone. Welcome to the second Application Office Hours Webinar on the Medicare Advantage Value-Based Insurance Design Model (MA VBID). My name is Anna Rosenblatt, I am the communications lead for VBID. In today's webinar, we will briefly review the Calendar Year 2025 VBID Model application process and leave plenty of time at the end for questions. Before we begin, please note our disclaimer that these slides are for educational purposes and not intended to grant rights or impose obligations. [00:00:44]

We will post materials from today's webinar on the [VBID Model webpage](#). Presenting along with me today are VBID Model Co-Leads, Megan Coufal and Yixuan Song. Now that we've completed introductions, we'll move on to the application materials; screening and scoring slides, followed by some helpful reminders. We'll conclude the session with questions and answers. For the Q&A portion, we will begin by answering some of the most commonly asked questions, including those we have received by email. We will then turn to the questions being put live in the chat. [00:01:28]

We will prioritize answering questions that have been raised by multiple Medicare Advantage Organizations (MAOs) and those that were not answered during the previous office hours. If we don't get to your question today, we encourage you to submit them via the VBID mailbox (VBID@cms.hhs.gov) by April 11th, to ensure that the Model team is able to address any questions in advance of the April 12th application deadline. Please submit questions to the chat feature as they come up during our presentation. [00:01:58]

As indicated on the slide, please select "Chat" and direct your questions to "All Panelists." Now, I will pass it off to Megan Coufal to review the application materials, screening, and scoring. [00:02:10]

Megan Coufal:

Thank you, Anna. So, I'd like to start off by noting that as of April 1st, the VBID Application Spreadsheet and financial application have been updated from user testing. This was to improve the user interface of the materials. So, we just want to make sure to highlight that you should use these versions as your application. So, we've made a few updates to the application materials that are on the [VBID Model website](#). We have an updated 2025 VBID Model application [Qualtrics submission link](#) that also accepts Zip file submissions for the Net Savings Template question. [00:02:47]

Applicants are required to submit either a single Excel file or a Zip file containing all relevant Net Savings Templates for their organization's Plan Benefit Packages (PBPs). The other questions in the Qualtrics form will allow for only one file to be submitted. In order to see these

changes, applicants should clear their browser's cookies. Additionally, we've posted updated 2025 VBID Model Application Spreadsheet on April 1st to the [VBID Model website](#). This version addresses previously identified issues. [00:03:17]

It provides additional guidance and improves the overall functionality of the workbook. Applicants must use the updated Application Spreadsheet as part of their CY 2025 VBID Model application materials that are due April 12th, 2024. To check if you're using the most updated Application Spreadsheet, please ensure that the landing page includes 2025 VBID application updated 3, 29, 2024. We just want to go through a couple of the updates that have been included in this spreadsheet. [00:03:48]

There are new formulas to make the workbook compatible with Excel 2016 and earlier versions. There are updated instructions in the list of participating PBP tabs that'll provide instructions to applicants to use unique numbers between "XX0" and "XX99" for unassigned PBPs. There's an update in the Eligibility tab to clarify the look-back periods for compliance actions and include additional instructions regarding disclosure of all present or past history of sanctions, investigations, probations and corrective action plans. [00:04:24]

An update in the Flex Benefit tab, such that there's the supplemental benefits options that are in the dropdowns for columns D, F, and G are now identical. Updated instructions are found in table 5.1.1 of the Flex Benefits tab to clarify that columns F and G apply only to VBID Benefits. Also in the Flex benefits tab, you'll find the addition of a physician specialist services, all specialists as a dropdown option in column J, in table 5.1.2. [00:04:59]

In the Flex Summary tab, there's an update to clarify that the questions regarding changes to returning benefits are required for Part C reduced cost-sharing and Part D reduced cost-sharing benefits, and columns G, H and I. In the Enrollment, and Targeting and Engagement tab, there's an update check in cell A27 such that applicants who intend to address the priority Health-related Social Needs (HRSN) requirements through non-VBID Benefits only, will not be required to provide targeting information for the VBID Flex Part C component. [00:05:34]

If they are not offering Part C reduced cost-sharing and updated instructions in the Enrollment, Targeting and Engagement tab to clarify that this tab is intended to collect data on VBID Benefits only, and does not collect data on non-VBID supplemental benefits offered to address the priority HRSN requirement. So just to note, applicants should be able to easily copy over content from any previous version into this final version of the Application Spreadsheet that is now on the [VBID Model website](#). [00:06:01]

All of the materials that are listed here on this slide are available on the VBID Model [website](#). I'll quickly walk through some of those materials and then we can do a deeper dive on the screening and scoring methodology. So to start, we again want to suggest that all applicants first watch the [Application Video Walkthrough](#), as this year is the first with the Excel format. And the video contains important tips that will help you to successfully navigate the application. [00:06:30]

For instance, the full application does not populate until you have responded to the first question on the landing page, which asks which VBID Model components you are applying for. Once you've selected the components for your application, additional tabs and a table of contents will appear. There is conditional formatting throughout that will show you which sections and questions are required and where a response might be missing. Please review these instructions on each page and be mindful of character limits for short answer responses. [00:06:57]

We want to highlight that it's essential that you ensure all required questions are filled out. On the [website](#), you'll find a [Zip file](#) that includes the primary application materials. This includes the updated CY 2025 VBID Application Spreadsheet, as well as the 2025 Application Spreadsheet Example File. This file has examples of how many of the fields should be populated, but we'd like to note that this is a separate file that has been populated with mock examples and is for illustrative purposes only. [00:07:31]

It does not serve as evidence of what the Centers for Medicare and Medicaid Services (CMS) deems to be acceptable interventions or what a complete application is, rather serves as a tool to reference when completing the different sections. We also would like to highlight the 2025 VBID Application Spreadsheet Walkthrough Transcript, and the 2025 VBID Financial Application FAQs, which include clarification to the actuarial requirements for the MAOs submitting applications. It also has other helpful responses to commonly asked questions. [00:07:59]

There's the 2025 VBID Model Financial Application Template, which was updated to include some minor clarifications on April 1st. We have uploaded the requirement for table FA.1 To clarify what information is being collected, as well as the 2025 VBID Model Net Savings Template. Again, all of these materials are accessible by downloading the [Zip file](#) on the [VBID webpage](#). The 2025 VBID Application Screening and Scoring process HPMS Memorandum (Memo), includes information on how the Model Application will be screened and scored, and we'll definitely dive into that coming up in the presentation. [00:08:37]

Finally, on the [Application Submission link](#), you'll find helpful reminders and walks you through how to upload all the required and any optional supplemental materials that you include in your application. Please note, that while you can submit supplemental materials, we will only be reviewing and scoring based on the material submitted in the Application Spreadsheet, Net Savings Template and Financial Memo. Those will be the only things that will be scored. [00:09:04]

As many of those in the audience noticed, we've streamlined the application from prior years, and this is in response to feedback that we've received with the goal of making the application easier to collaborate on before submission. Again, to highlight one more time, the application deadline is 11:59 pm Pacific Time on April 12th, 2024. [00:09:27]

Once the application window has closed at 11:59 pm Pacific Time on April 12th, CMS will conduct a detailed application review process, to ensure that all applications are considered fairly and consistently, and that accepted applications are in compliance with Model terms, goals, beneficiary protections, and Program Integrity requirements as identified in the 2025 Request for

Applications (RFA). The process will begin after submission deadline and consists of two review phases with a total of four steps. [00:10:00]

The first step is the application completeness review, which will ensure all parts of the application are fully completed, and all accompanying documentation is provided. If an MAO fails this component of the review, the application will be rejected. The VBID Model applicants are responsible for ensuring that their applications are complete and accurate. There will be extremely limited opportunities to update, to clarify responses where a reasonable attempt was made to fill out a response. [00:10:28]

The screening for Eligibility and Program Integrity risks will consist of ensuring MAOs are compliant with the CMS requirements that are laid out in the 2025 RFA. If an applicable MAO contract or PBP fails the component of the review, the MAO, contract, or PBP of the application could be rejected. In other words, as we shared in the previous office hours, the rejection is applied at the lowest applicable level for the specific portion of the application review process. CMS will not consider exception requests as part of the 2025 application process. [00:11:04]

MAOs and their contract PBPs applying to participate in 2025, must meet the eligibility criteria outlined in the 2025 VBID RFA. We highly recommend you familiarize yourself with this eligibility criteria. After Phase I review, for Application Completeness Review and Screening for Eligibility and Program Integrity Risks posed by the applicant and its contract PBPs, remaining MAOs and contract PBPs will undergo Screening of the Application Content and the Potential for Savings, as part of the Phase II review. [00:11:36]

We'll cover this in further detail on the next slide. VBID Applications that are found to be satisfactory based on the assessment of application content and potential for savings are reviewed for the Determination of Provisional Approval. As in past years, we want to highlight that CMS expects to issue Provisional Approvals by early to mid-May. Application details, including the criteria being scored, can be found in the [Memo](#) available on the [VBID Model website](#). Next, Yixuan will go into further detail on the review and scoring. [00:12:09]

Yixuan Song:

Thank you, Megan. For the Phase I review, the process includes an Application Completeness Review and then a Screening for Eligibility and Program Integrity Risks. The Application Completeness Review will ensure that all parts of the application are fully completed and all accompanying documentation is provided. Applications with a blank placeholder response that do not address the question, or missing key materials, for example, the Financial Memorandum, will not be accepted. [00:12:39]

If an MAO fails this component, the review, the VBID Model Application will be rejected. The second Screening for Eligibility and Program Integrity Risks will consist of ensuring the MAO are compliant with CMS requirements identified in the 2025 VBID RFA. These include requirements related to plan type, length of plan existence, physical soundness, Star Ratings, inclusion of the required HRSN supplemental benefits, savings, bankruptcy issues, compliance actions, and sanctions. [00:13:12]

If an applicable MAO, contract, or PBP fail this component of the review, that particular MAO, contract, or PBP of the VBID Model Application will be rejected. Of note, all of this information is publicly available on the March 13th [Medicare Advantage VBID Model Application Screening and Scoring Process for CY 2025 Memo](#) linked on the [VBID Model website](#). [00:13:40]

After the initial Application Completeness Review and Screening for Eligibility and Program Integrity Risks posed by the applicant and its contract's PBPs, remaining MAOs and contract PBPs will undergo the Scoring of Application Content and Potential for Savings. The Application Content Section has a maximum score of 40 points and the Potential for Savings Section have a maximum score of 60 points.

An MAO will be denied participation in the VBID Model under any of the two following conditions: If the Application Content Section receives a score lower than 24 and/or if the Potential for Savings Section receives a score lower than 36. The value of VBID Benefits and/ or VBID RI Program criteria will rank per member, per month (PMPM), and the per engaged beneficiary per month, or PEBPM, value of VBID Benefits and/ or VBID RI Programs and sort of acceptable applications into quintiles. [00:14:43]

Applications where the value of the VBID Benefit or the RI Program are not supported in the other sections of the application will not be sorted, but assigned zero in this category. VBID application materials will include but is not limited to whether all RFA requirements are met, interventions are permissible, required information is provided, attestations are complete and signed, targeting criteria are permissible, all questions are answered, additional clarifications are needed and applicable studies, data, and bibliographies are present to demonstrate and/ or support the impact on quality and costs. [00:15:20]

Here we want to highlight two areas that we've gotten questions on, which is how CMS is defining quality and innovation. The support for quality improvement will consider whether the MAO presents evidence that all VBID Benefits offered have beneficial impact on the quality for beneficiaries. CMS will examine during application review of the applicable studies, data, bibliographies, and/ or studies of an MAO's experience are present to demonstrate or support the intervention's expected impact on quality and costs. [00:16:02]

We would expect this evidence to be included in the Financial Memo and related documents. The innovation category will be scored based on the use of the new CY 2025 VBID targeting mechanism placed a residence in the most underserved Area Deprivation Index, or ADI area, and whether proposals are uniquely authorized by the Model. Since ADI is not the only criteria for the component, applicants will not receive a zero score for that section just because the applicant is not proposing ADI as a targeting mechanism. [00:16:34]

We understand ADI is a new mechanism, and not all MAOs may be ready or interested in offering this targeting mechanism in 2025. On the next slide is the scoring rubric. So, here the chart available in the afore-mentioned memo provides the specific items scored, the material CMS will review during the scoring, and the maximum number of points that may be allotted to

each scored item. [00:17:03]

Except for the Support for Quality Improvement, Support for Savings, and Value of VBID Benefits and our RI Program criteria, each item will be scored as exceptional, all available points, acceptable, or poor. Minimum available points based only on the information in the original application. [00:17:24]

The Supporting for Quality Improvements, Support for Savings categories will consider whether the MAO presents evidence for all VBID Benefits and RI Programs offered have, one, beneficial impact on quality, and two, drive medical cost decreases, excluding savings driven by reduced VBID margin. Now, for some tips and reminders, I will pass it back to Anna. [00:17:52]

Anna Rosenblatt:

Thank you, Yixuan. The most important date is the due date for application submissions. All submissions must be submitted via the [Qualtrics submission webpage](#) by 11:59 Pacific Time on April 12th, 2024. This deadline is set so that the VBID Model Team can reach out with provisional approvals in mid-May. This will enable MAOs to adjust their bids, which are due on June 3rd. Executed contract addenda for Model participation will be completed in September. [00:18:27]

We also request that any application questions are sent to the VBID mailbox (VBID@cms.hhs.gov) by April 11th by 12:00 p.m. Eastern Time to ensure the VBID Model Team is able to address these in advance of the application deadline. As a reminder, if you've not done so already, please submit questions using the "Chat" function directed to "Everyone". It seems that "All Panelists" option is not working today. We will begin by giving voice over to questions that have been submitted to us via email in advance of today's webinar, and then we will move on to the most commonly asked questions before turning over to those submitted via the "Chat" function. We appreciate your questions, and if we don't respond during the webinar, we encourage you to submit them to the VBID mailbox (VBID@cms.hhs.gov). Thank you for joining us, and now we will begin our Q&A.

Megan, would you like to get us started with some of the questions on the updated spreadsheet? [00:19:26]

Megan Coufal:

Sure. The first thing is how should we copy over responses from the old version of the Application Spreadsheet to the updated spreadsheet? Applicants should be able to download the updated application and copy and paste data into the new spreadsheet with minimal effort. To do so, please copy any data from the previous spreadsheet. Just make sure you only use paste values by right clicking the relevant cells from the workbook and collecting paste values. [00:19:56]

Please note that data must be copied and pasted using "paste values" to avoid carrying over formulas or conditional formatting from other cells and tabs leading to unforeseen errors. [00:20:10]

Yixuan Song:

We have another question here around if our proposed Part C, reduced cost-sharing, covers all physicians' specialty service categories. Is there a way for us to enter this in the application without having a role for each physician's specialty service? Our response here is yes. [00:20:32]

In the April 1st application workbook update, we've added a new category in table 5.1.2 of the Part C, reduced cost-sharing table, and the Flex Benefits tab titled Physician Specialist Services; All Specialists. If your Part C, reduced cost-sharing covers all the physician specialty service categories, you can select this to minimize the amount of rows you create on this table. [00:20:54]

Anna Rosenblatt:

Now, we'll move to some more general application questions we've received in the VBID mailbox (VBID@cms.hhs.gov). I'll start us off with "when we open the Application Spreadsheet, only the Landing Page tab shows. Is there a separate file we should complete?" They note that they tried to unprotect the spreadsheet, but the workbook is intentionally protected. Thus, only required cells allow edits. Please ensure that on that landing page you have made a selection in cell C15. Additional tabs will only appear after macros are enabled and the selection in cell C15 has been made. [00:21:35]

Related to that, we have a question on how to enable macros and unprotect the workbook. What I want to highlight from the last question is that the workbook does not ever need to be unprotected. You just need to enable macros, which is in the [Application Walkthrough Video](#), to make edits, and cells that require user input have been unprotected and the macros will function as intended, while the workbook is protected. [00:22:08]

So again, at the landing page, making sure that you have macros enabled is an important first step and that's outlined in our [Application Walkthrough Video](#). And then making a selection in cell C15 will populate the rest of the application with only the tabs you need for your application. I'll hand it to you, Megan. [00:22:27]

Megan Coufal:

Yeah, so just giving a little bit more on the macros section, we've gotten a lot of questions on "how do I enable macros?" So please, just we would highlight to select "Enable All Content" that appears in the "Enable Content" pop-up when you open the workbook. This enables the active content, including macros within the Excel file. And will make sure that the workbook can function as it's intended. In the event that you do not see this pop-up message because of a modified default macro setting, we would say one, definitely check out the [Application Walkthrough Video](#) that's on the [VBID Model website](#) because it'll walk you through some of this. [00:23:09]

But, in order to enable those settings, select "File" in the toolbar at the top left, you then click "Options" and they should open a pop-up window where you're going to select "Trust Center" and then select "Trust Center Settings". That'll open up a new pop-up and there as well you'll select "Macro Settings", "disable VBA macros with notification." This will enable you to choose to allow macros to run on the computer with your permissions. As a reminder, after changing

these settings, you may need to close and reopen the Excel file for that pop-up message to appear. [00:23:46]

Yixuan Song:

Related to macros, we had a question about when the organization tried to edit the application, it informed them that the digital signature is invalid. They asked if they could be sent a separate file with a signature removed. Here, if you're seeing this message, it's likely that your Excel macro settings are set to disable VBA macros except for digitally signed macros. This setting enables macros to run if they are digitally signed by a publisher your organization deems trustworthy. [00:24:23]

Because the VBID Application Spreadsheet is digitally signed by someone outside of your organization, if you were to continue selecting the disabled VBA macros except digitally signed macros option, you'll need to discard the signature and have an internal trusted publisher resign the workbook. To do so, open the file that contains the macro project. On the developer tab, in the code group, click "Visual Basic" and "Visual Basic". On the tools menu, click "Digital Signature", select a certificate and click "Okay." [00:25:00]

In the event that you do not have the capability to sign macros, you may need to work to gain those permissions through your organization's IT support team, and can refer to a Microsoft Support page for additional information. [00:25:12]

Anna Rosenblatt:

The next question is around targeting mechanisms. "For VBID Benefits, if we plan to target all members within our DSNP plan, do you recommend we elect "all enrollees" or "socioeconomic status" as our targeting methodology if we intend to offer a VBID Benefit to all these members?" Our response is that the plan should select "socioeconomic status" as the targeting methodology and select the appropriate Low Income Subsidy (LIS) level. [00:25:45]

Please note, that there may be situations where a member loses their low-income status while in a DSNP and may therefore not be eligible for a VBID Benefit. As a broader clarification, please note that "all enrollees" is not a VBID targeting mechanism. This dropdown is only included for the rare cases, an MAO intends to satisfy the two of three HRSN requirements through a supplemental benefit offered to all enrollees through the MA program in one of our three priority categories. [00:26:18]

Again, this dropdown is not a VBID targeting mechanism. VBID only allows for targeting via chronic condition, socioeconomic status or ADI. Megan, I'll send it to you. [00:26:36]

Megan Coufal:

There are some questions on general requirements in the application. We've gotten some questions about difficulty providing responses that meet CMS's required word count and have asked if the word count limit for certain questions could be increased, or if they can submit supplemental materials to provide additional details. We would encourage that you just provide clear and concise responses to each question. While you can submit supplemental materials, we will only be scoring based on the materials that are submitted in the Application Spreadsheet,

Net Savings Template and the Financial Application Memo. [00:27:09]

Then another question that we've received, general questions on the application, is if an MAO can request to add additional PBPs to the VBID Flex package prior to provisional approvals. MAOs will only be able to add PBPs post-provisional approval for approved interventions, and that is with CMS approval. However, MAOs will not be allowed to add new interventions post provisional approval. Which leads to our next questions on some placeholder PBPs. [00:27:44]

And that is, "if I'll be applying with a new PBP in 2025, do I need to create the PBP first in order to obtain the PBP number?" If you have not yet created the PBP, but intend to offer it in 2025, we would encourage you to use the placeholder PBPs to label them as such in the application. For example, please include the H contract with which you intend to offer the PBP under and then have the placeholder numbers starting with 999 and then counting backwards until 900 as the placeholders. [00:28:19]

So, if your H contract is 1234, you need a placeholder PBP it would be 1234999 as the placeholder PBP. All eligibility requirements will still apply to those placeholder PBPs. [00:28:34]

Anna Rosenblatt:

There's a question, "will my application be denied if one of my PBPs or interventions does not qualify?" We'd like to add that all PBPs will be evaluated for eligibility. The MAO may still participate with eligible PBPs even if some are rejected due to ineligibility. Please note some eligibility requirements are determined at the PO level and therefore would affect all PBPs. [00:29:05]

As in past years, impermissible interventions will not be allowed. Permissibility of application proposals, another way of saying permissibility of proposed interventions, is one of the scoring categories. Therefore, proposing impermissible interventions could impact the score and application received. [00:29:25]

Megan Coufal:

Another question that we've gotten is about the look-back period for compliance points. We will say that these dates have been included in the updated spreadsheet, but the points for compliance actions will be calculated between March 1st, 2023 and February 29th, 2024. The look-back period for the separate requirement around sanctions, we'll use the dates of April 1st, 2023 through March 31st, 2024. [00:29:57]

This one-month difference is due to the availability of data. We just want to highlight that CMS will also consider any previous compliance actions related to the failure to the VBID Model requirements as part of the review of any applications for the VBID Model. [00:30:11]

Yixuan Song:

A separate question here on a related topic is, an applicant asked if we could elaborate on what additional documentation is needed to submit with the application in order to disclose any and all present or past history of sanctions, investigations, probations or corrective action plans for the

MAO affiliates or other relevant persons and entities over the past 12 months prior to the submission of the application. We do not have a specific template for this request as long as we're able to easily assess the disclosures. Please upload these disclosures as a separate document. [00:30:55]

Anna Rosenblatt:

And in the application under LIS levels, the dual-eligible option notes that this selection is only for PBPs in US territories. This MAO is asking if we can clarify the statement and if this a selection they should pursue if they're planning to target all dual-eligible. If you are targeting by socioeconomic status and the PBP you are offering the benefit in is not offered in a US territory, you cannot select dual-eligible under the LIS levels column and must select rather the appropriate LIS categories. If you are not in a US territory, you must select the appropriate LIS categories. Megan, back to you for benefit package. [00:31:41]

Megan Coufal:

We have a question that we've received about creating supplemental benefit packages in the application, and asking if they can put benefits into the Flex Benefit tab but not use it in the Flex Summary tab. We would just like to note that if a benefit is included in the Flex Benefit tab, it should also be included in the Flex Summary tab. Yixuan, I think we have some other questions here on application. [00:32:12]

Yixuan Song:

Two quick questions. "Could you clarify if we should answer no to modifying the deductible, if we're using the LIS targeting methodology and a non-DSNP plan?" And here we're confirming that you would answer no in this situation. Separate question is "if a PBP offers a benefit that combines two types of benefits, for example, one under standard mandatory supplemental benefits and one under SSPCI, should we split the benefits into two lines or should we select other and describe the benefit?" Our response here is please segment the benefits into two distinct lines. [00:32:51]

Anna Rosenblatt:

I have two questions that have come up numerous times, and I know we touched on them briefly in our presentation today, but "how are you defining innovation?" The innovation category will be scored based on the use of the new calendar year 2025 VBID targeting mechanism, specifically place of residents in the most underserved Area Deprivation Index, ADI areas, and whether proposals are uniquely authorized by the Model. That is, not authorized through flexibilities within the broader Part C program outside the Model. [00:33:27]

This applies to VBID Flexibilities and the Part D RI Program. In the calendar year 2025 RFA, benefits uniquely authorized by the Model section describes what benefits are uniquely authorized by the Model in detail, specifically the RFA states unique to the Model, primarily health-related supplemental benefits may be targeted to enrollees with LIS eligibility or with dual-eligible status in the US territories, and/or to enrollees who reside in the most underserved ADI areas. Outside of this, we do not have any additional details to share on innovation at this time. [00:34:10]

The second question that's very common is, please describe how CMS defines quality in the context of the application scoring process. The Support for Quality Improvement will consider whether the MAO presents evidence that all VBID Benefits offered have beneficial impact on quality for beneficiaries. CMS will examine during application review if application studies, data, bibliographies, and/or studies of an MAO VBID experience are present to demonstrate and/or support the interventions expected impact on quality and cost. [00:34:45]

As noted in the table, we posted in the HPMS memo, we would expect this evidence to be included within the Financial Memo and related documents. [00:34:56]

Megan Coufal:

Another question we've got on how things will be scored, is if we can expand on how the value of VBID Benefits or RI will be scored. The per member per month and per engaged beneficiary per month value of VBID Benefits or the RI Program, are collected as part of that financial application. These applications where the VBID Benefits or RI Program are not supported in other sections of the application will not be sorted into a quintile but assigned zero points in that category. [00:35:29]

If an applicant does not provide any evidence or assumptions for certain interventions in the financial applications, then that would be scored as a zero. [00:35:39]

Yixuan Song:

In the 2025 RFA, the new targeting mechanism was introduced as a flexibility option in 2025. An applicant asked that given that the ADI target mechanism was introduced as an option 2025, please confirm if it's possible for an MAO to receive full points for the innovation category if they did not plan to target by ADI in 2025. As we noted in the March 13th memo, the innovation category will be scored based on the use of the new targeting mechanism and whether proposals are uniquely authorized by the Model. [00:36:23]

While we don't have anything additional to share on the scoring piece, we understand that ADI is a new target mechanism and not all MAOs may be ready or interested in offering this targeting mechanism for 2025. The innovation component is just one of the many components and applicant is scored on and additionally, since ADI is not the only criteria for that component, applicants will not receive a low score for that section just because the applicant is not proposing ADI as a targeting mechanism. We expect there to be many successful applicants who submit high quality applications without proposing ADI. [00:36:59]

Anna Rosenblatt:

The next two questions will focus on Health-related Social Needs. The question is "The RFA indicates that participating MAOs may satisfy the requirement for addressing two out of three HRSNs, by offering supplemental benefits as part of the MA program. Can you explain this more?" The calendar year 2025 RFA states that recognizing that MAOs may be offering supplemental benefits that address priority HRSN in the MA program, those supplemental benefits can be used to satisfy this requirement for participating PBPs. [00:37:34]

If a PBP offers MA supplemental benefits in these categories outside of the VBID Model, then

that PBP can use those supplemental benefits to satisfy this requirement. Please note, any benefit used to satisfy this requirement would be subject to summary level and beneficiary level data collection and reporting as described in the monitoring and data collection section of the RFA, and must be identified in the VBID application along with relevant financial information, to provide the VBID Model team with better insight into these benefits. [00:38:13]

The second question is “In our DSNP, Medicaid covers two of the required HRSN benefits. Will benefits offered outside the VBID program and covered under Medicaid, to all members, satisfy the two of three HRSN requirements?” These benefits must be a part of the Medicare Advantage program. Thus, the benefits offered through Medicaid will not be able to count a supplemental benefit to meet this requirement. Moving on to flex cards, Megan. [00:38:45]

Megan Coufal:

We’ve gotten this question a few times on if MAOs can combine both VBID and non-VBID Benefits onto a flex card or a shared allowance, and if so, how this should look when filling out the Application Spreadsheet. Yes, you can combine VBID and non-VBID Benefits onto a flex card. On the Flex Benefits tab of the Application Spreadsheet, there’s more information on what should be included specifically, but if the supplemental benefit is part of a combined allowance of VBID and non-VBID Benefits, you will need to list the other benefits that are included in this combined allowance as part of the application. [00:39:25]

There’ll be more information in the 2025 PBP user guide on how to report this in your bid. But if you have additional questions, please reach out for further clarification. Yixuan, there’s another question here on supplemental benefits and combined allowances. [00:39:45]

Yixuan Song:

This next question is very specific to a table in the application, and it’s around “how do we input a combined allowance of supplemental benefits into table 5.1.1?” Please complete one row per individual benefit in the combined allowance. For example, if you intend to offer a flex card, which can be used to offer both OTC items and food and produce through VBID, you would submit two rows, one for OTC items and one for food and produce. [00:40:15]

To indicate that these benefits will be part of a combined allowance, you’ll write food and produce in column G of the row dedicated to OTC items and write OTC items in column G for the row dedicated to food and produce. If your organization tends to include a non-VBID Benefit as part of this combined allowance and does not intend to use this non-VBID Benefit to address priority HRSN requirements, you would only include this additional benefit in column F of the Flex Benefits tab. [00:40:45]

If your organization does intend to use this non-VBID Benefit to address the priority HRSN requirements, please include this benefit as a separate row with columns F and G left blank in addition to including this benefit and column F as outlined above. As an example of how you should complete table 5.1.1 on Flex Benefits tab for a combined allowance, please refer to the Flex Benefits tab of the Application Spreadsheet example available on the [VBID Model website](#). [00:40:57]

Anna Rosenblatt:

Great. I think here's another question on the Application Spreadsheet. "Is there a crosswalk between flex benefits and flex target population? How will CMS know what benefits we're referring to in each line of table 5.2.1?" What I'll point you to is actually table 5.3.1 in the flex summary tab serves as this crosswalk and is where you will link the contract PBP segment with the corresponding benefits and target population. Megan, I'll shift to you. [00:42:02]

Megan Coufal:

A more general question here we have is "what part of the application can be changed after the April 12th date?" After applications are submitted, a plan can update the value of the benefits, but a plan cannot add any new interventions. So, please be sure to include all of your planned interventions that would require approval. A request to update the application after April 12, 2024 submission deadline, must be submitted to the VBID mailbox (VBID@cms.hhs.gov) for approval. [00:42:25]

We have some other questions coming in still about the flex targeting population on column D, the LIS level dropdown. It's saying "dual-eligibles appear new for 2025. The 2024 only listed LIS levels. And is the intention of this dual eligible option to imply that all LIS levels for VBID on a DSNP PBP or do we still need to indicate each LIS level?" And so, the dual-eligible dropdown is only for plans in the territories. I think we just want to reiterate that. All other plans that are targeting by socioeconomic status should still use that LIS dropdown. [00:43:12]

Yixuan Song:

We also have a question coming in around Advanced Care Planning (ACP). An applicant asked if we could define ACP completion rate. "Are we looking for ACP documents in the provider's charts or for a conversation to occur between the member and the provider?" Our response here is, in alignment with the information provided and prior VBID Model materials related to Advanced Care Planning, we would know that the distinction between ACP discussions and ACP completion. [00:43:43]

An ACP discussion refers to a conversation between an enrollee and a provider, care manager, or other qualified individual about the enrollee's preference 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. ACP completion refers to the voluntary preparation of the Advanced Care Planning documents, including advanced directives by the enrollee explaining their wishes. [00:44:10]

Anna Rosenblatt:

I see a question. "I understand that we can use SSBCI benefits to meet the HRSN requirements. Do we need to show savings tied to those SSBCI benefits or is the savings just required of the VBID flex components only?" In our responses, please discuss non-VBID Benefits, how they are used to meet the HRSN requirements in the executive summary of the Financial Application Memo and section three, projected cost for Model participation and four, projected savings for Model participation. With that, I know that we're getting tight on time/out of time. [00:44:49]

I think we'll take two more questions from the chat and then anything beyond that, we encourage you to use the VBID mailbox (VBID@cms.hhs.gov), and we will be looking at that today and

tomorrow and try and get back to you very promptly. Megan, do you want to take the next one?
[00:45:04]

Megan Coufal:

Yes. We're going to pass this next one to Acumen to answer about some naming conventions for files. The question is, "can we speak about the files that we should follow? There's a discrepancy between some application material files and the Qualtrics survey files, specifically the Excel application and how that should be named in the Financial Application Memo." Acumen, we'll pass that one to you. [00:45:29]

Acumen:

Thanks, Megan. In regards to file naming conventions, please use the file naming conventions presented in the [Qualtrics submission link](#). That'll be the naming conventions that we'll be looking for. [00:45:44]

Anna Rosenblatt:

I see that we are out of time. With that in mind, I just want to say on behalf of the VBID Model team, I want to thank each and every one of you for attending today's webinar and for all of your questions. We've appreciated getting your questions and your user feedback. And we know that you've spent a lot of time on webinars with us in these past few weeks, so we appreciate your time and we look forward to all the work to come in calendar year 2025 and beyond for VBID. Thank you everyone. Have a wonderful day. [00:46:23]