

# **Application Office Hours Webinar Transcript**

## **Tuesday, March 19, 2024**

### **John Cialek:**

Good afternoon, and welcome to today's Application Office Hours Webinar. At this time, I'm going to pass to Anna Rosenblatt to get us started.

### **Anna Rosenblatt:**

Hello, everyone, and welcome to today's Application Office Hours Webinar on the Medicare Advantage Value-Based Insurance Design Model. My name is Anna Rosenblatt; I'm the Communications Lead for VBID. In today's webinar, we will review the [Calendar Year 2025 VBID Model Application and supporting materials](#) as well as leave plenty of time at the end to address questions. [00:00:43]

Before we begin, please note our disclaimer that these slides are for educational purposes and not intended to grant rights or impose obligations. Of note, we will post a recording of today's presentation and the slides on our website in the coming weeks along with a transcript. [00:01:03]

Now, I will introduce the rest of today's presenters. Megan Coufal and Yixuan Song are the VBID Model Co-Leads. Richard Coyle from the Office of the Actuary and Julia Driessen, the Model Evaluation Lead, are also on the line to respond to any relevant questions at the end of today's session. [00:01:25]

We will now move on to what is new for Calendar Year 2025, the Application Process, Tips and Timeline, and will conclude with a Question-and-Answer (Q&A) session. For the Q&A portion, we'll begin by answering some commonly asked questions before reviewing questions we received in the VBID mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)). We will then turn to any questions asked in the live Q&A. If we don't get to your question today, we encourage you to submit them via the VBID Mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)) as well. We encourage everyone to submit questions through the chat feature as they come up during our presentation. Please select Chat and direct your questions to "all panelists". We will do our best to respond to all questions at the end of today's session. [00:02:12]

As a reminder for Calendar Year 2025, there are two components of the VBID Model. This is a change from Calendar Year 2024 in which the Model had five components. Wellness and Healthcare Planning (WHP) and New and Existing Technologies are no longer standalone components of VBID. Instead, WHP has been rolled into the mandatory Health Equity Plan, and the New and Existing Technologies has been removed due to part of the larger MA program offering similar flexibilities. While the Rewards and Incentives Program remains part of the VBID Model, for Calendar Year 2025, this only includes Part D RI. Part C RI is no longer included in the RI component of the Model. [00:03:04]

Additionally, the Hospice Benefit Component will not be a component of the Model for Calendar Year 2025. As announced earlier this month, CMS has decided to terminate the Hospice Benefit Component as of 11:59 PM, December 31, 2024. CMS will not be accepting

applications to the previously released CY 2025 Request for Applications for the Hospice Benefit Component of the VBID Model. For Calendar Year 2025, the two components of VBID are VBID Flexibilities, referred to as VBID-Flex, and Part D Rewards and Incentives (RI) Program. [00:03:45]

On March 13th, CMS announced its decision to have a competitive VBID application process for Calendar Year 2025. The Screening and Scoring process will be discussed in further detail later in today's presentation. And with that, I will hand it off to VBID Model Co-Leads, Yixuan Song and Megan Coufal. Megan, would you like to lead us off? [00:04:08]

**Megan Coufal:**

Yes, thank you, Anna. So, all of the material that we're showing you today are available on the VBID Model website. We do highly suggest that applicants first watch the Application Walkthrough Video as this year is the first year with the new Excel format. This video contains important tips that can set you up for success in navigating the application. You'll also find a [ZIP file](#) on the website that includes the rest of the application materials. You'll find the 2025 VBID Application Spreadsheet, the 2025 Example Spreadsheet, the [2025 VBID Application Walkthrough Video Transcript](#) that goes along with the [2025 Application Walkthrough Video](#). You'll also find the 2025 VBID Financial Application FAQs, the Model Financial Application Template, and the 2025 VBID Model Net Savings Template. [00:05:08]

The [Application Screening and Scoring Process Memo](#) includes information on how the Model Application will be screened and scored. And finally, the submission link is live and walks you through how to upload all required and any optional supplemental materials you would like to include in your application. [00:05:24]

As many of those in the audience may have noticed, we have significantly streamlined the [VBID Model Application for 2025](#). We strongly encourage user testing of the VBID Application Spreadsheet be completed by Friday, March 22nd, so that any testing feedback can be considered for the production and release of a fully functional Application Spreadsheet in late March. We do anticipate some minor changes, and applicants should be able to easily copy over content into the final version of the Application Spreadsheet that will be released in late March. And of note, as Anna previously mentioned, the deadline for submitting the Application is 11:59 Pacific time on April 12, 2024. [00:06:09]

As you'll see, this slide illustrates the documents that we previously listed and how they appear on the [VBID Model website](#). From here, we'll review how these documents appear as you open them and provide some additional details. So here, you see a screenshot of the [2025 Application Walkthrough Video](#). This video shows step-by-step how to enable, navigate, and populate the various Application fields. We do want to note that you will need the password listed above - it's also on the [website](#) (password: AppWalkthrough2025) - in order to watch this video. [00:06:44]

You may choose to watch the video straight through, but for convenience, or if you want to revisit segments in the future, there are time-marked chapters for ease of navigation. We'd like to highlight one important chapter of the video - and that's at the start - "Enabling Macros".

You can see that circled here on the slide. Having the macros enabled is vital to the functionality of the Application workbook, and we do want to make sure that we call everyone's attention to the portion. [00:07:11]

Additionally, the transcript of the video is available to make sure that the information is accessible to all. The transcript document is linked on the website and is available in the [zip file](#) with the other Application materials. When you download the zip file by clicking the link on the [VBID website](#), it should look similar to what you see on the screen here. It includes six documents; three of them are Excel documents. [00:07:37]

This here is the VBID Model Application Spreadsheet, which serves as the core, Calendar Year 2025 VBID Application. This screenshot specifically is from the landing page. We would direct you to read the instructions carefully before getting started. But here, you'll see we've inserted a circle to draw your attention to the first question you'll need to respond to before the rest of your application appears. This cell has a drop-down, and it'll ask what VBID Model Components you are applying to participate in for CY 2025. [00:08:11]

Once you make your selection from the drop-down, which is available at the arrow on the bottom right of this cell, the rest of the Application should appear. If the rest of the application tabs do not appear, please ensure that you've properly enabled macros as outlined in the [Application Walkthrough Video](#) that we've discussed previously. Once you've selected the Components for your Application, additional tabs and a table of contents will appear. There is conditional formatting on these tabs that will show you which sections and questions are required and where a response might be missing. [00:08:47]

We would ask that you pay special attention to the instructions on each page and character limits for any short answer responses. It is essential that you ensure that all of the required questions are filled out. [00:08:58]

Also available in the [zip file](#) is the Application Spreadsheet Example File. We would note that this is a separate file that has been completed with mock example data for illustrative purposes only. This does not serve as evidence of what CMS deems to be acceptable interventions or a complete application, but it rather serves as a helpful tool to reference when completing different sections. And with that, I'll hand it over to my Model Co-Lead, Yixuan Song. [00:09:26]

**Yixuan Song:**

Thank you, Megan. We'll now switch our focus to the financial portions of the Application. As in prior years, we've created a FAQ document on Pricing and Financial Application Requirements. This is a helpful resource for applicants to reference when they're completing the Application. [00:09:43]

The [Financial Application Template](#) outlines what must be part of the required Financial Application. At a high level, the Financial Application Memorandum must provide an explanation of the cost and savings drivers. It must include actuarial support for assumptions made and the expected timeframe of utilization changes, including relevant data, evidence, bibliography, and/or studies of the MAOs' VBID experience. [00:10:10]

In submitting these projections as part of the Financial Application, plans must clearly outline the projected cost of each VBID Model intervention the MAOs are proposing to implement under the Model, as well as how the proposed interventions will generate net savings to Medicare in 2025 and over the term of the MAOs's expected participation in the Model. [00:10:30]

While many aspects of the financial application remain the same as last year, there are some notable updates. First, as part of the competitive application scoring process for the Calendar Year 2025, clients must submit per member per month (PMPM) and per engaged beneficiary per month (PEBPM) estimates of the incremental cost of benefits and rewards and incentives uniquely authorized by the VBID Model, excluding incremental operating expenses, incremental margin, and offsets from medical cost savings or reductions in margins to generate additional MA rebates. [00:11:03]

Second, as noted in the [CY 2025 VBID RFA](#), participating MAOs must offer a minimum of two Health-Related Social Needs, or HRSN, benefits selected from the categories of food and nutrition, transportation, and housing and living environments in each participating PBP, regardless of whether the PBP uses one or more of the permissible targeting criteria. Non-VBID supplemental benefits used to satisfy this requirement must submit the same financial information required of regular VBID interventions. [00:11:38]

Third, to ensure consistency between applications, projected cost and savings for each VBID Model Component must now be described at specific pricing element levels, as illustrated in Appendix A of the Financial Application. Lastly, the Memo must include evidence that **all** your MAO's proposed VBID Benefits and VBID RI Programs 1) have a beneficial impact on quality, and (2) drive medical cost decreases, excluding savings driven by reduced bid margin. [00:12:10]

The Net Savings Template in Excel is another required part of the VBID Application. Continuing in CY 2025, CMS has provided a required Net Savings Template, which documents the various revenue streams projected as part of MA and Part D (PD) bidding, including MA payments, Part D directed subsidy payments, low-income cost-sharing subsidies or LICS, Part D Federal Reinsurance, and projected risk scores. MA Model participants must show savings to CMS, including the impact of risk score trends attributable to the Model, and no net increase in enrollee costs. For example, co-pays, premium changes directly attributable to that intervention, in CY 2025 and over the course of their participation in the Model. A Net Savings Template is required for each applying PBP segment. [00:13:06]

The template has also been provided to aid in the preparation of these materials; the underlying assumptions used to develop the estimates included in the completed templates should be well-documented. Where possible, specific Bid Pricing Tool, or BPT, line items should be identified. [00:13:24]

And before we leave the financial portion of the Application, note that the projections in the Financial Application Memo and the Net Savings Template(s) must be prepared and certified by

a qualifying actuary who is a member of the [American Academy of Actuaries](#) in accordance with [Actuarial Standards of Practice Number 41](#). And all final revenue and expense assumptions must be reflected in the MA and/or Part D bid by a certifying actuary. [00:13:53]

Now, we will review the submission page. The submission web page has helpful reminders and may be good to review while completing the application. Only one submission may be submitted per parent organization, and submissions should have the final version of all required materials. After submitting, you will receive an email confirmation that your application has been received. For any questions, please contact the VBID Mailbox at [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov). [00:14:25]

Once the application window has closed at 11:59 pm Pacific time on April 12, 2024, CMS will conduct a detailed review process to ensure that all applications are reviewed fairly and consistently, and that accepted applications are in accordance with all Model terms, goals, beneficiary protections, and program integrity requirements as identified in the [2025 VBID RFA](#). [00:14:52]

The eligibility screening and the application review process will consist of two review phases with a total of four steps. The first step, the Application Completeness Review will ensure that all parts of the application are fully completed and all necessary accompanying documentation is provided. If an MAO fails this part of the review, the application will be rejected. VBID Model applicants are responsible for ensuring that their applications are complete and accurate. Extremely limited opportunities will be provided to clarify responses where a reasonable attempt was made to fill out the responses. [00:15:31]

The Screening for Eligibility and Program Integrity Risks will consist of ensuring MAOs are compliant with CMS requirements as identified in the [CY 2025 VBID RFA](#). If an applicable MAO, contract(s), or PBP(s) fails this component of the review, that particular MAO, contract(s), or PBP(s) of the VBID Model Application will be rejected. CMS will not consider exception requests as part of the 2025 application process. MAOs and the contract-PBPs applying to participate in 2025 must strictly meet the eligibility criteria as outlined in the RFA. Please familiarize yourself with the eligibility criteria in the RFA. [00:16:20]

After the initial Phase 1 Review for application completeness and screening for eligibility and program integrity risks posed by the applicants and the Contract-PBPs, remaining MAOs and Contract-PBPs will undergo Scoring of Application Content and Potential for Savings as part of the Phase 2 Review. We'll cover further details on this in the next slide. [00:16:45]

VBID Model Applications that are found to be satisfactory based on the assessment of the application content and potential for savings are reviewed for Determination of Provisional Approval. As in past years, CMS will issue provisional approval ahead of the bid submission due date. Additional details, including the criteria being scored, can be found in the memo available on the VBID website. [00:17:09]

Next, we will review the scoring categories. The chart here provides specific items scored, the materials CMS will review during the scoring, and the maximum number of points that may be

allocated to each scored item. Except for the Support for Quality Improvement, Support for Savings, and Value of VBID Benefits and/or VBID Rewards and Incentives Programs criteria, each item will be scored as exceptional, which is all available points; acceptable; or poor, which is the minimum available points, based only on the information in the original application. [00:17:47]

The Support for Quality Improvement and Support for Savings categories will consider whether the MAO presents evidence that all VBID Benefits and VBID RI Programs offered 1) have beneficial impact on quality, and 2) drive medical cost decreases, excluding savings driven by reduced bid margin. We will be looking at the financial memo and related documents for this evidence. [00:18:15]

The Value of VBID Benefits and/or RI Programs criteria will rank the per member per month, or PMPM, and the per engaged beneficiary per month, or PEBPM, value of the VBID Benefits and/or RI programs, and sort acceptable applications into quintiles. Applications where the value of the VBID Benefits and/or RI programs are not supported in other sections of the application, will not be sorted into a quintile and will be assigned zero points in this category. [00:18:44]

VBID Model Application review will include, but is not limited to: whether all [RFA](#) requirements are met; all interventions are permissible, and required information is provided; attestations are complete and signed; targeting criteria are permissible; all questions are fully answered; and applicable studies, data, bibliographies are present to demonstrate and/or support the impact on quality and costs. [00:19:18]

The innovation categories will be scored based on the use of the new 2025 VBID targeting mechanism by the place of residence in the most underserved [Area Deprivation Index](#), or ADI [areas](#), and whether proposals are uniquely authorized by the Model. An MAO will be denied participation in the VBID Model under any of the two conditions: *A*), if the Application Content Section receives a score lower than 24; and/or if *B*) the Potential for Saving section receives a score lower than 36. [00:19:56]

To summarize some of the more important takeaways from today's presentation: 1) All resources are available on the VBID Model website including the application materials. 2) Each MAO should submit one application per parent organization. And 3), as always, please reach out to the VBID Mailbox, [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov), with any questions or concerns. We're also available for Technical Assistance Sessions until March 29th. With that, I'll hand it back to Anna for final comments and to get our Q&A session started. [00:20:32]

**Anna Rosenblatt:**

Thank you, Yixuan. Some important dates for those of you interested in applying to the VBID Model are the deadline to have a Technical Assistance Session. These sessions are MAO-led and must take place before March 29th. To request a Technical Assistance Session, please email your request with a few available time slots to the VBID Mailbox address listed on the slide ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)). All application submissions are due via [the Qualtrics submission page](#) by 11:59 pm Pacific time on April 12, 2024. [00:21:11]

The VBID Model team will reach out with provisional approvals in mid-May to provide MAOs with enough time to adjust their bids, which are due June 3<sup>rd</sup>. Executed contract addenda will be completed for Model participation in September. [00:21:26]

Now, for our question and answer. We will begin by giving voiceover to questions that have been submitted to us via email in advance of today's webinar. We will then move on to the most commonly asked questions and then turn to any questions that have been asked live via the chat function. We appreciate all of your questions, and if we don't respond during the webinar, we encourage you to submit your questions to the VBID Mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)). Here, on the slide, is a reminder on how to submit questions. Now, we have tried to group these questions into categories or similar areas. Megan, would you like to start with our first question, which focuses on the application itself? [00:22:09]

**Megan Coufal:**

Yes, thank you, Anna. So, the first question we have here is that it appears that the 2025 VBID Model Application Spreadsheet doesn't include all the tabs compared to the Example File. The question is, "Is this an overlook or are plans supposed to utilize the Example File and delete the mock information?" [00:22:30]

So, we would suggest first to make sure that you have enabled your macros and that you've made a selection in cell C15. That will pull up the additional tabs of the application that only appear after the macros are enabled, and there's a selection in cell C15. The Example File is just a mock example and is only for illustrative purposes, and so it does include all tabs, which might not be included depending on what Components to which you are applying. For a detailed explanation, we would again point you to the Application Walkthrough Video that's on the VBID Model website. [00:23:09]

**Yixuan Song:**

Another question in this category was "I was able to open the spreadsheet, and enabled macros while viewing it on my own internal network drive. But that functionality appears to be lost when I upload it to Teams." Our response to that is, unfortunately, it's not possible to enable VBA macros within Microsoft Teams. By editing the workbook on your personal network drive, you may have enabled macros revealing the remaining tabs on the workbook. However, when you save and upload this file to the shared Teams interface, macros will be disabled. As a result, if your team continues to edit this file within Microsoft Teams, the select all that apply drop-down and macro-based data validations will not function as intended. [00:23:59]

To ensure that your data is submitted in the correct format and passes later data validation checks, we highly recommend that you select the open in desktop app option in Microsoft Teams and edit the Excel application directly on your desktop rather than through the online interface. [00:24:18]

**Anna Rosenblatt:**

So it looks like we have another one. "The Centers for Medicare & Medicaid Services (CMS) have received technical questions from MAOs and other interested parties about the treatment of

the VBID flexibility to provide targeted reductions in Part D cost sharing. Specifically, scenarios where a participating plan has waived the full Low-Income Subsidy (LIS) co-pay for all drugs for LIS Category 1 and 2 beneficiaries in Calendar Year 2024.” I think our response to that is that CMS plans to address these concerns through forthcoming guidance and specific Prescription Drug Event (PDE) examples. Megan, would you like to go next? [00:25:04]

**Megan Coufal:**

Yes, another question we have is from a previous participant from last year and saying that last year they got a provisional approval for the VBID plan’s proposed benefits and asking if they will be getting the same provisional approval this year. And so, I think what we’d say there is the Model team will be reviewing applications starting on April 12<sup>th</sup> and continuing through mid-May. After this review period, the team will notify all applicants regarding the status of their application and/or any provisional approval status. Yixuan, do you want to take the next one? [00:25:37]

**Yixuan Song:**

Sure thing. Our next question here is, “Can the MAO request to add additional PBPs to a VBID Flex package prior to provisional approval?” Our answer is, MAOs will be able to add PBPs post provisional approval as long as the interventions receive CMS’ approval. However, MAOs will not be able to add new interventions post provisional approval. And this actually leads us to our next question that we received on placeholder PBPs. [00:26:17]

**Anna Rosenblatt:**

This is from an MAO that asks, “We will be applying with a new plan benefit package in 2025 for VBID. Must I create the PBPs first in order to obtain the PBP number to include in the application?” And our response is if you have not yet created the PBP but intend to offer it in 2025, we encourage you to use placeholder PBPs and to label them as such in your application. [00:26:48]

More specifically, please include the H Contract Number, which you intend to offer the PBP under, and then have the placeholder number starting with 999 and then counting backwards until 900 as a placeholder. So, if your H Contract is 1234 and you need a placeholder for that PBP, for a PBP under 1234, it would be 1234-999, with triple 9 as a placeholder PBP. It is important that you include the contract number so we can determine eligibility. All Model eligibility requirements will still apply to this new PBP. I think we have more PBP questions. Megan? [00:27:38]

**Megan Coufal:**

Yeah, this is one that we’ve gotten a few times, and it’s, “Will my application be denied if one of my PBPs or one of my interventions does not qualify?” And so we’ll say, PBPs will be evaluated for eligibility. The MAO may still participate with the eligible PBPs, even if some are rejected due to ineligibility. [00:27:59]

We would like to note though that some eligibility requirements are determined at the PO level, and therefore would affect all of the PBPs. As in past years, impermissible interventions will not be allowed. The permissibility of application proposals or the permissibility of proposed

interventions is one of the scoring categories. And so, proposing impermissible interventions could impact the score of the overall application that we receive. [00:28:31]

And I think here we have a question, another question about how we determine compliance points for the competitive application. Yixuan, do you want to take that one? [00:28:41]

**Yixuan Song:**

“What is the look back period for compliance points?” We are aligning with the MA Program for review of the compliance points. Points for compliance actions will be calculated from March 1, 2023 to February 29, 2024. However, the look back period for the requirement around sanctions will be slightly different. Sanctions will use the dates April 1, 2023 to March 31, 2024. The one-month difference is due to availability of data. CMS will also consider any previous compliance actions as part of the review of any application for the VBID Model. Over to you, Anna. [00:29:28]

**Anna Rosenblatt:**

Here’s a question, “If we find an error and want to make an update to our application after submission, but before the deadline, how should we provide updated material?” And I think for us, if you would like to make an adjustment to your application before the deadline, please email the VBID Mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)) to let us know of this adjustment, and submit a new full application via the submission page. The VBID team will consider the most recent version that’s been submitted up until the deadline to be the final application. [00:30:02]

I think the email heads-up is good for us to have. But we do want to make sure that you’re submitting a final full application before the deadline via the Qualtrics submission page. Other questions, Megan? [00:30:17]

**Megan Coufal:**

Yeah, we have one that’s asking “If projections need to be provided separately for each Model component?” We would direct you to the Financial Applications FAQs, and note that the projected costs and projected savings for each Model intervention should be provided in the Financial Application Memo. Yixuan, do you have one? [00:30:42]

**Yixuan Song:**

Yep, our next question is, “Our VBID intervention applies to three plan benefit packages. Do we need to provide a net savings template? Our response is, yes, we do expect a net savings estimate for each PBP. [00:30:57 - 00:31:12]

**Megan Coufal:**

The next question was, “Our VBID intervention applies to three plan benefit packages. Do we need to provide a net savings template?” And we would say to that: yes, we would expect a net savings estimate for each PBP.

So, I think the next question is, “What is the maximum number of MAOs and PBPs that are allowed to participate for 2025, and is there a maximum number of beneficiaries that will be allowed to enroll?” And so, we’d like to say we’re not setting a maximum number of MAOs or

PBPs to participate in the Model. There is not a maximum on the number of beneficiaries who will be allowed to enroll in the Model participating plans. [00:32:40]

Then I'm going to take this next one here, which is if we're going to be granting any extensions. And so, we would note that we will not grant any extensions, all application materials need to be in by 11:59 pm Pacific time on April 12, 2024. This makes sure that there's enough time for thorough application review and scoring. And to make sure that any provisional approvals can be granted by mid-May so that MAOs have enough time to adjust their bids, which are due on June 3<sup>rd</sup>. [00:33:13]

**Yixuan Song:**

It says, "How are we defining innovation?" Our answer is that the innovation category will be scored based on the use of the new 2025 VBID targeting mechanism, specifically the place of residence in the most underserved Area Deprivation Index or ADI areas, and whether proposals are uniquely authorized by the Model; that is, not authorized through the flexibilities within the broader Part C Program outside of the Model. This applies to the VBID Flexibilities and Part D RI programs. Back to you, Anna. [00:33:57]

**Anna Rosenblatt:**

And a similar question about definitions, "How does CMS define "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 applicable studies, data, bibliographies, and/or studies of an MAO's VBID experience are present to demonstrate and/or support the intervention's expected impact on quality and cost. [00:34:35]

As noted in the table we posted in the [HPMS memo](#), we would expect this evidence to be included in the Financial Memo and the related documents. I think we have more scoring questions, Megan. [00:34:49]

**Megan Coufal:**

Yes, I see one here on, "If we can expand on how the value of the VBID benefit or RI will be scored?" And so, the per member per month, or PMPM, and the per engaged beneficiary per month, or the PEBPM, value of VBID benefits and/or the RI Programs are collected as part of that Financial Application. The applications where the value of the VBID Benefits or the VBID RI Programs are not supported in other sections of the application will not be sorted into a quintile, but instead assigned zero points for that category. [00:35:24]

So, for example, if an application doesn't provide evidence or assumptions for certain interventions in that Financial Application, they will be assigned a zero for that part of the scoring rubric. Yixuan, I think some more scoring questions. [00:35:39]

**Yixuan Song:**

Yep, the question is, "Will the sorting and ranking be assigned at an interventional level or at a participating PBP level?" Our answer is: since the application was scored at the Parent

Organization level, the sorting or ranking of the value of VBID benefits and/or RIs will be at the PO level as well. Anna? [00:36:03]

**Anna Rosenblatt:**

“Please confirm that if a single contract or PBP fails the Screening for Eligibility and Program Integrity Risks under Phase 1 Review of a single VBID Intervention, will be the entire application for all VBID Intervention be disqualified?” And I would refer back to the HPMS memo released on March 13<sup>th</sup>, titled [Medicare Advantage MA Value-Based Insurance Design Model Application Screening and Scoring Process for Calendar 2025](#). There, it notes that “if an applicable MAO, contract(s), or PBP(s) fails the Screening for Eligibility and Program Integrity Risk component of the review, that particular MAO, contract or PBP of the Model will be rejected.” [00:36:50]

So, in other words, the rejection is really applied at the lowest applicable level for this portion of the application review process. You can find that detail spelled out in our HPMS Memo. [00:37:04]

**Megan Coufal:**

And I think some more questions about the Memo, and I think we’ve gotten this one over email and also have seen it come in a few times today. “In the 2025 RFA, the new targeting mechanism, which is the place of residence at the most underserved Area Deprivation Index, or ADI, area was introduced. And given that the ADI targeting mechanism was introduced for 2025, we’ve been asked to confirm if it’s possible for an MAO to receive full points for the Innovation Category of the Phase 2 Application Content review if they don’t plan to target by ADI in 2025?” [00:37:42]

And so we would say - referring back to the HPMS Memo that was released earlier this month - that the Innovation Category will be scored based on the use of the new 2025 VBID targeting mechanism – which, as we’ve noted, is ADI - and whether proposals are uniquely authorized by the Model. So, since ADI is not the only criterion for that Component, applicants will not receive a zero score for that section just because the applicant is not proposing ADI as their targeting mechanism. Yixuan, I’ll turn to you for the next one. [00:38:18]

**Yixuan Song:**

And here we have another question from an MAO: “It’s likely we will be making modifications to the VBID, SSBCI, or supplemental benefit values prior to this submission in June and during rebate reallocation. This is because we won’t have a good sense of rebates available for supplemental benefits until the June submission and again during rebate reallocation. What level of changes to supplemental benefits does CMS consider “nominal” and would not require a modification to the VBID Application? Would any changes to targeting and/or benefit level be considered “nominal” as long as the changes do not eliminate any HRSNs?” [00:38:58]

And our response is, as noted in the Financial Application, the material differences between the projections submitted with the VBID Application and the VBID pricing impacts made in the MA and/or Part D bids submitted in June and after rebate allocation must be reconciled through submitting updated versions of these documents to CMS. Specifically, differences are

considered material if the structure of the VBID intervention changes, if the impacted pricing element changes, or if the magnitude of a pricing element impact, which was described in the original application, changes such that the relative impact of that pricing element to the overall cost and/or savings changes. [00:39:42]

Note that CMS reserves the right to reject any material changes made between initial application, provisional approval, and final approval. Furthermore, if a change made after the initial application would have resulted in the applicant failing the competitive scoring process, CMS reserves the right to reject the application in its entirety. I'll pass it over to you now, Anna. [00:40:07]

**Anna Rosenblatt:**

I think this question is just asking for a little more of an explanation around the [RFA](#) that indicates that participating MAOs may satisfy the requirement for addressing 2 of 3 HRSNs by offering supplemental benefits as part of the MA program. So, to be clear, 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. [00:40:39]

But please note that any benefit used to satisfy this requirement is subject to the summary-level and beneficiary-level data collection and reporting as described in the monitoring and data collection section of the RFA. And it must be identified in the VBID Application, along with relevant financial information to provide the VBID Model better insight into these benefits. More HRSN questions are listed here as well. [00:41:09]

**Megan Coufal:**

Yes, happy to take the next one. So, I think this question here is specific to Medicaid. The question is, "In our D-SNP, Medicaid covers 2 of the required HRSN benefits. If a benefit is offered outside of the VBID program, or outside of Medicare yet covered under Medicaid to all members, will that satisfy the 2 out of 3 Health-Related Social Needs Requirement?" [00:41:36]

We would say that the benefits must be part of the MA program. The benefits offered through Medicaid will not count as supplemental benefits to meet the 2 out of 3 Health-Related Social Needs requirement. And Yixuan, I think we have some more here. [00:41:52]

**Yixuan Song:**

Yes, so the question is, "May a plan select to offer two supplemental benefits from one category as opposed to choosing benefits from two different categories? As an example, may the plan propose two supplemental benefits from the housing and living environment category and no benefits in the food and nutrition, or transportation benefit categories and still meet the Model requirements?" [00:42:19]

As we noted in the VBID Application, we require plans to "attest that all PBPs offer supplemental benefits in at least two of the three HRSN priority areas." In the example provided, the PBP will not match the HRSN requirements since it does not address at least 2 of the 3 priority HRSNs; in other words, a food benefit and a health benefit. We're switching categories now, Anna? [00:42:48]

**Anna Rosenblatt:**

On to ADI. This question is, “With the goal of the ADI flexibility being to target members beyond LIS or dual status, does that mean that the ADI flexibility can or cannot be combined with the SES targeting flexibility?” ADI flexibility can be combined with the Socioeconomic Status or Chronic Condition targeting flexibilities. For example, you could restrict targeting to only LIS 1 to 2 beneficiaries who are in a National or State decile 8 through 10 as a single package. [00:43:30]

Alternatively, you could target all LIS levels for beneficiaries with one package, and beneficiaries residing in national state decile 7 through 10 with another package. In addition to the [RFA](#), we would also point you to the [ADI Data Book](#) posted on the [VBID Model website](#), as it might have helpful information for your team. [00:43:56]

**Megan Coufal:**

And I think one other ADI question that we have is “If a member moves, will they need to be notified that they should lose benefits based on a move if they go to a non-decile included community? At what point of the year will members need to be notified?” We would like to note that if a beneficiary is deemed eligible within the plan year, they would not lose that benefit if they moved out of the community mid-year. You can find more information about this in the RFA, which describes the policy in further detail. We will be releasing our 2025 Communications and Marketing Guidelines this summer that will provide more information on ADI communication requirements and how to notify members. Yixuan, turning it over to you. [00:44:39]

**Yixuan Song:**

Thank you, Megan. I think we’ll have one more ADI question and then we’ll move on to another section. The question is, “We’re assuming members will need to requalify each year based on their address, and we’ll probably need to check thousands of members and their most recent addresses. Is there an automated way to do this against a database, and at what point of the year do you recommend this requalification take place?” Our answer is: the ability to automate this process - to identify newly eligible enrollees - is an internal operations question for your organization. We advise MAOs to include eligibility checks for [ADI](#)-targeted supplemental benefits during enrollment to ensure timely delivery of applicable supplemental benefits. And, Megan, I’ll turn it back to you now for the next question. [00:45:32]

**Megan Coufal:**

Thanks, Yixuan. So, we’ve gotten some questions about the Health Equity Plan requirement in the Model. So the first one that we’ve gotten is “How CMS will consider health equity in its criteria to determine which PBPs are selected and how the HEP will be scored?” After the initial Completeness Review and Screening for Eligibility and Program Integrity risks posed by applicants and the Contract-PBPs, the remaining MAOs and Contract-PBPs will undergo the Scoring of the Application Content and Potential for Savings. [00:46:02]

As part of this, CMS will score the application in several categories, including the Health Equity Plan, or the HEP. And as noted in the VBID Application Screening and Scoring process, the

HEP is worth 10 points of the Application Content. We would direct you to the appendix in the [RFA](#) that includes a checklist, I think it's Appendix B. And you can find more details there on what information CMS will be considering. Yixuan, I think back to you on some more questions related to the HEP? [00:46:32]

**Yixuan Song:**

Yep, so a question here is “Question 7 of the Application refers to closed-loop referrals. Does CMS have a definition of closed-loop referrals as it relates to HRSN and to the VBID program?” And our answer here is that CMS does not currently have a set definition of a closed-loop referral system in this context; but, [it] generally refers to formal processes and systems that allow for the tracking of the status and outcome of a social needs referral. Anna? [00:47:04]

**Anna Rosenblatt:**

Yes, and “Does CMS have direction around the number of goals we should target to address disparities, or is that at the discretion of the plan?” The number of goals is at the applicant’s discretion. The format of the Excel application allows for a maximum of 5 goal entries. [00:47:22]

**Megan Coufal:**

Another one here I see on the HEP, “Should the intervention be developed under the scope of the intended VBID participation?” We would like to note that, as in the [RFA](#), the planned HEP interventions should address identified disparities that are related to the VBID Model. We also want to highlight from the RFA a reminder that the HEP may not propose or use activities that selectively target beneficiaries based on race, ethnicity, national origin, religion, sex, or gender. Yixuan, back to you on another one. [00:48:05]

**Yixuan Song:**

The question is, “Page 51 of the VBID RFA contains the following statement. ‘Given the recognized disparities in ACP, participating MAOs will be asked to address ACP within the context of their overall HEP.’ Would CMS be able to provide information on the recognized disparities on ACP they are referring to?” And our answer here is research, including the National Institutes of Health and others recognize disparities in ACP participation. Acknowledging that ACP discussions and completions may vary across MAOs, we ask MAOs to elaborate on how they have identified or will identify ACP discussions and completions as part of their health equity plan. [00:48:47]

As the ACP-related questions in the HEP suggests, different enrollee groups may experience disparities in ACP discussion and completion rates these include enrollees with specific health conditions as defined by specific diagnoses, enrollees participating in the care management program, and enrollees eligible for a Part D LIS subsidies or Medicaid where LIS is unavailable; in other words, dual eligible. Enrollees with unmet HRSNs and enrollees residing in the most underserved Area Deprivation Index and census block groups. [00:49:23]

Again, a very important reminder here is that the Health Equity Plan may not propose or use activities that selectively target beneficiaries on the basis of race, ethnicity, national origin, religion, sex, or gender. [00:49:41]

**Anna Rosenblatt:**

I think the next question really gets to that as well. We really want to just drive home, and it's in the [RFA](#) that HEPs may not propose or use activities that selectively target beneficiaries based on race, ethnicity, national origin, religion, sex, or gender. I can try to just go through some of these shorter questions that are coming up in efforts to move us along if that sounds good? [00:50:08]

“Is CMMI prioritizing certain VBID benefits in this new process? If so, which benefits?” The answer is no; benefits, RI, and interventions all factor into the scoring rubric in a few ways: 1) Permissibility of the application proposals; 2) support for quality improvement; 3) innovation; and 4) potential for savings as measured across three areas outlined in the HPMS memo. [00:50:37]

To the extent you present evidence your intervention improves quality and drives savings while meeting all other requirements, we do not favor certain benefits. And I think we want to make clear that we are releasing a transcript of the Q&As from today's webinar on the VBID Model website, and we'll be closely monitoring the VBID Mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)) in the coming weeks for any questions that MAOs have. [00:51:03]

I see a question - sorry, I'm trying to go through quickly here because I realize that we have limited time left. - “Is the scoring truly competitive? In other words, are applicants scored on a curve, or may multiple applicants be awarded the top scores?” Applications are not scored on a curve. It is possible many applicants receive top scores; however, as noted in the HPMS Memo, the value of VBID benefits and/or VBID RI programs is comparative across POs. [00:51:36]

CMS will rank and sort acceptable applications into quintiles for this category. But this category makes up one of many scoring areas, and other scoring areas will be assessed based on information in the original application and their own merits. With that, I do want to turn it back over to Megan for those applicant scoring questions. [00:51:59]

**Megan Coufal:**

Yeah, thanks, Anna. The question we have here is, “If an applicant scores at or above the defined threshold, will the application be approved? Or, are there other criteria, such as the set number of expected approvals that could result in a denial with the application even if they submit and have surpassed the threshold?” I know we've gotten a few questions on that, and so I do just want to highlight that we do not have a set number of accepted applications, and it's really based on those four thresholds. Yixuan, passing it to you for another financial question. [00:52:33]

**Yixuan Song:**

Sure, the question here is “In the Financial Application, the VBID team had asked plans to provide information within the Financial Memo.” The person here asked if they could put the information on an Excel file instead, and if they should embed the Excel file within the Financial Application document or send separate Excel files and refer to them within the Financial

Application. Our answer here is: please submit as a separate Excel file, not embedded in a Word document or a PDF. Back to you, Anna. [00:53:11]

**Anna Rosenblatt:**

Yep, I see some questions coming through over here on this screen, but here's a question about actuarial certification: "Is there a template we can follow?" So, I think an actuarial certification stating that the financial projections reflect the MAOs best estimate of a projected enrollee engagement, program implication cost, utilization changes, and including the expected time frame for those utilization changes. The projection in the Financial Application Memorandum and Net Savings Templates must be prepared by an actuary and all final revenue and expense assumptions must be reflected in the MA and or Part D bid by the certifying actuary. The actuary must be clearly identified in the submission of the application materials. Megan, do you see some of the live questions? [00:54:10]

**Megan Coufal:**

I do, yes, and so we've gotten a few questions about Stars and what that means for applications. So one question that came in is "We'd like one of our plans to apply for VBID, but the plan is not large enough to have a Star Rating." They're planning to add another one of their plans that does have at least a three-star rating for the most recently available year. They note that both plans are owned by the same PO, but under separate contract numbers and asking if they can include two plans on the [Application](#) that have the same parent organization but different contract numbers. [00:54:48]

And so, we'd say yes to that. POs may include multiple plans on an application from different contract numbers. A PBP's contract that is not rated due to newness or low enrollment may participate in the Model if other contracts that are listed on the [Application for the Model](#) from the same parent organization meet those requirements. Yixuan, over to you. [00:55:13]

**Yixuan Song:**

Thank you, Megan. I'll address one question and turn it over to Anna for an announcement. So, the question here is "Did I hear correctly that an updated application Excel document will be released later in March? Please advise." Our response here is, yes, we anticipate making some minor changes to the content just to address functionality. And applicants should be able to easily copy over content into the final version of the Application Spreadsheet that will be released in later March. And as a reminder, we appreciate any and all user testing comments to be completed by Friday, March 22<sup>nd</sup>. [00:55:58]

**Anna Rosenblatt:**

Yes, thank you, Yixuan. So, as you can see, we have a lot of questions for today's webinar, and we are doing our best to answer all of them. So, with that in mind, we're going to extend today's webinar until 4:15. So hopefully, many of you on the call are able to stay with us, and we're going to just continue and try to get through as many questions as we can in that time. [00:56:21]

And to that effect, I see a question on the Flex Summary Tab. "On the Flex Summary Tab, if we had a benefit previously but are reconsidering the way we offer the program, would we enter it as

a new benefit or as a returning benefit?” So, the example they offer is an SSBCI benefit that we may begin to offer under the VBID Model, “but we may also opt to leave it as is as an SSBCI benefit based on further research or analysis. If we choose to offer the benefit in question under the VBID Model instead of SSBCI, how would we respond to Column G?” [00:56:58]

For this example, this benefit would be a new benefit because the question in Column G refers to VBID benefits only. Because the benefit in your example was offered through SSBCI in the previous year, it would be a new benefit for VBID since it was not offered through VBID in the previous year. [00:57:18]

I think either panelist, feel free to jump in if you see a question that you want to respond to. [00:57:24]

**Yixuan Song:**

I can jump in here. The question here is, “Can the MAO show savings by a reduced medical capitation expense, in other words, potentially no change to utilization? This would be more due to Part C rebates used to buy down Part D.” Our response here is, MAOs could show savings in different ways, such as through decreases in Part C medical costs related to the intervention, decreases in margin as a result of the intervention, or for example, decreases in Medicare covered benefit expenses as a result of the intervention. However, we’d note that one of the scoring criteria is expectation of medical cost savings, which excludes savings driven by reduced bid margin. [00:58:14]

**Megan Coufal:**

I see one that has come in about marketing, asking about marketing guidance for 2025. “Is the notice of determination for midyear or start-of-year changes?” And so, we just want everyone to know that as in past years, we will be releasing our Communication and Marketing Guidelines. The CY 2025 guideline will come out in the summer of 2024, and they’ll include additional information on the required additional communication such as Notices of Determination and Model Benefit Eligibility. Yixuan, do you want to take one? [00:58:50]

**Yixuan Song:**

Yes, here’s a quick one, “Just to confirm the Health Equity Plan is in fact completed by completing the fourth tab of the application, correct? No formal HEP documentation is required outside of the application question?” And the response here is, yes, all HEP questions are included within the HEP Tab of the Application Spreadsheet, and CMS will not review any HEP material submitted outside of the spreadsheet. [00:59:16]

**Megan Coufal:**

Thanks, Yixuan. I see another one here, another question on the Application Spreadsheet, and so asking, “As we approach the submission date, is there a method for validation that all the required table or table components are completed?” What we’d say here is that VBID Model applicants are responsible for ensuring that their applications are complete and accurate. There will be extremely limited opportunities that will be provided to clarify responses where a reasonable attempt was made to fill out the response. [00:59:48]

Applications with blank placeholder responses that do not address the required questions or that are missing key elements such as the Financial Memo will not be accepted. The Excel file does have some built-in validation, but please be sure to comprehensively review your final materials, just to make sure that all relevant questions have been answered. [01:00:11]

**Anna Rosenblatt:**

I see a question on, “Are we intended to include all supplemental benefits offered on a potential PBP or only the supplemental benefits that are relevant to the VBID or the two benefits of choice that address the HRSN?” So, we’ve answered a version of this, but just to be clear: you only need to include the supplemental benefits that, 1) you’re offering through VBID, meaning uniquely offered under the Model, or 2) other supplemental benefits that you’re using to satisfy the priority HRSNs requirements. [01:00:49]

Note: Number two only needs to be done if your VBID benefits do not meet the two out of three priority HRSN requirements. These supplemental benefits that are used to satisfy the HRSN requirements must be included in your organization’s VBID application. [01:01:12]

**Yixuan Song:**

“On the List of Participating PBPs tab, if we are deciding to offer reduced Part D cost sharing, zero-dollar co-pays for all covered Part D medications, do we respond to Column J? Is this PBP offering VBID-Flex Part D with a yes or no? I understand the reduced Part D cost share is a VBID-Flex item.” Our response here is: in this case, you would respond to the question, “is this PBP offering VBID-Flex Part D?” with a ‘yes’. Your understanding is correct that reduced Part D cost sharing is a VBID-Flex item. A question for you, Megan? [01:01:51]

**Megan Coufal:**

Yeah, I see some more questions on the Application Spreadsheet. So, this one’s on the Flex Benefits tab of the spreadsheet. They’re asking, “If we offer supplemental benefits in various methods, so combined and/or different mechanisms, do we include a row for each version of that benefit?” And so they’re saying, “If combined with non-VBID Model benefits, are we to include the non-VBID Model mechanism of the combined benefit in the spreadsheet as well?” [01:02:19]

And so if the combined benefit you’re referencing is through, say, a Flex card, you can combine VBID and non-VBID benefits onto the card. But we would direct you to the Flex Benefits tab of the spreadsheet for more information on what needs to be included. So if the supplemental benefits is part of a combined allowance, you will need to list the other benefits that are included in that combined allowance as part of your application. [01:02:46]

More information will be provided in the 2025 PBP User Guide on how to report combined benefits in your bid. If you continue to have additional questions, though, please feel free to reach out to us at the VBID Mailbox ([VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)), and we can provide further guidance. Yixuan, I see a question here asking about the look-back timeline. [01:03:11]

**Yixuan Song:**

Yes, so clarifications for the participants here: we are aligning with the broader MA program with respect to the look-back period for compliance points. So, for compliance, we'll be calculating points for compliance action from March 1, 2023 to February 29, 2024. But the look back period for sanctions is going to be slightly different. For sanctions, we'll be looking at the period April 1, 2023 through March 31, 2024. The one-month difference is due to the availability of data. [01:03:59]

CMS will also consider any previous compliance actions related to the failure to meet VBID Model requirements as part of the review of any applications for the VBID Model. Back to you, Anna. [01:04:12]

**Anna Rosenblatt:**

I see a question here that "After provisional approval, are we able to make minor adjustments to the proposed Supplemental Benefit Allowance? For example, changing the allowance from \$30 to \$33 or \$32 per month?" And yes, minor adjustments, such as nominal changes in benefits value, provisionally approved VBID interventions are permissible after the provisional approval. [01:04:46]

But as a reminder here, and as noted in the financial application, material differences between the projections submitted in the VBID Application and the VBID pricing impacts made in the MA or Part D bid submitted in June, and after rebid, allocations must be reconciled through submitting updated versions of these documents to CMS. [01:05:09]

Differences are considered material; if the structure of the VBID interventions changes, if the impacted pricing elements change, or if the magnitude of a pricing element impact which was described in the original application changes, such that the relative impact of that pricing element to the overall cost savings changes. Who would like to go next? [01:05:33]

**Megan Coufal:**

Yeah, I see a question here about the deadline, regarding if somebody would like to withdraw from VBID. And so, an MAO may withdraw a PBP from the Model test or cease participating entirely by providing advanced notice to CMS in accordance with the time frames that are in the Contract Addendum for Participation in the VBID Model. In the case of withdrawal from the Model, organizations are required to provide CMS notice by the MA program bid deadline, which is the first Monday in June the year prior to the upcoming Calendar Year, with a Model termination plan that includes how, what, and when the MAO will provide adequate notice to participating enrollees who are impacted by this change as applicable. [01:06:23]

**Yixuan Song:**

A very similar question or a related question is, "Can we withdraw some PBPs or leave others?" The response here is: an MAO may withdraw a PBP from the Model test or cease participation entirely by providing advanced notice to CMS in accordance with the time frame stated in Contract Addendum for Participation in the VBID Model. [01:06:48]

In each case of withdrawal from the Model, organizations are required to provide notice to CMS by the MA program's bid deadline, which is the first Monday of June in each year prior to the upcoming Calendar Year with a Model termination plan. That includes how, what, and when the MAO will provide adequate notices to participating enrollees who are impacted by the change as applicable. [01:07:12]

**Anna Rosenblatt:**

I see a question coming in that says, "if an MAO chooses not to use ADI as a targeting mechanism, will they automatically get a zero grade on the innovation category?" And I know that we've received this a few times, so we want to make sure that it's clear: since ADI is not the only criterion for the innovation category, applicants will not receive a zero score for that section just because the application is not proposing ADI as a targeting mechanism. [01:07:49]

**Megan Coufal:**

Thanks, Anna. I see one here that asks how we're defining value in the value of VBID benefits section. I think we've said a little bit here, but just to reiterate that the per member per month and the per engaged beneficiary for month value of the VBID benefits and/or the RI program are collected in that Financial Application. And so, if the benefit or RI program are not supported in other sections of the application, it will not be sorted into the quintile, and it gets a zero in those categories. We just want to highlight again that if they don't provide that evidence or assumptions for certain interventions in the financial applications, there will be a zero point assigned in that value of VBID benefits section. [01:08:42]

**Anna Rosenblatt:**

I'm happy to jump back in. I see a question, "Can benefits offered as part of the over-the-counter benefit such as grab bars, safety items for the home, et cetera, satisfy one of the two HRSN benefits? Or could this satisfy the housing and living environment benefit?" And our response is benefits offered under the over-the-counter, or OTC, benefit cannot satisfy the HRSN requirement. [01:09:13]

While this list is not exhaustive, the RFA points to examples of qualifying benefits. So please take a look at the RFA, specifically [Appendix 3 of the Calendar Year 2024 VBID Monitoring Guidelines](#) for a more comprehensive list of benefits that would fall under the three HRSN categories. Yixuan, do you want to take the next question? [01:09:38]

**Yixuan Song:**

Yeah, so a question here is, "Hello, ADI seems designed to segment outside of the dual eligibility or LIS members. Is an ADI flexibility required for D-SNP?" The response here is: the ADI targeting flexibility is optional for all applicants. Additionally, we want to reiterate that the ADI targeting flexibility can be leveraged in combination with the existing flexibilities. That is dual LIS and/or chronic conditions as seen in the Flex Target Populations tab of the Application Spreadsheet. Megan? [01:10:20]

**Megan Coufal:**

Yeah, I think similar questions here about the Flex Targeting tab. So, question is on table 5.2.1, which is the Flex Target Populations tab asking, "Why isn't that by all enrollees or Column C of

that table?” And so, all enrollees in Column C would only be selected if your organization is including a nontargeted Medicare Advantage benefit in that Flex Benefits Tab. So, you might offer a nontargeted MA benefit, and if you’re using that mechanism to offer the supplemental benefits to fulfill the 2 out of 3 HRSN requirements. [01:10:59]

Let’s see just looking for a couple more. Anna, I see a question here on if they’re an existing VBID participant and how to fill out the table. Do you want to take that one? [01:11:11]

**Anna Rosenblatt:**

Sure, thanks. “We are an existing VBID participant offering additional benefits based on socioeconomic status. We are considering changing to chronic conditions under VBID for 2025. Should the benefits be considered renewing since the benefits aren’t changing, but yet the eligible members are and the MAO must apply each year to the VBID Model?” There is no renewal of an application. We would also note that plans should consider whether chronic condition targeting can be done via flexibilities authorized in the MA program such as through uniformity flexibility or special supplemental benefits for the chronically ill. [01:11:52]

This is important as a key element for the innovation criteria includes whether an innovation proposed are uniquely available in the VBID Model. Noting the time, Megan do you want to take one more question, and maybe I’ll wrap it up from there? [01:12:10]

**Megan Coufal:**

Yeah, that sounds good. I think the last question I see right now is, “What are the expected responsibilities of the HEP Champion?” So, this is about the HEP portion of the application, and we would say the responsibility of the HEP Champion would be at the discretion of the MAO. But we’d like the HEP Champion to be the highest-level individual or individuals in the organization with oversight and responsibility for the achievement of the health equity goals submitted through that HEP portion of the application. And I think that’s about all the questions we have time for today, and I will turn it back over to Anna. [01:12:46]

**Anna Rosenblatt:**

Yes, and I will highlight again we are going to try to post this recording as quickly as possible to the VBID website. We know that we’ve covered a lot of topics today, especially in the Q&A portion, but most importantly, on behalf of the VBID Model team, I want to thank each and every one of you for attending today’s webinar and for your thoughtful participation. These were great questions, and we look forward to everything that’s to come in 2025 and even beyond 2025. Thank you, everyone, for spending an extra 15 minutes with us, and I hope you all have a wonderful rest of your day.