Centers for Medicare & Medicaid Services

Center for Medicare and Medicaid Innovation

Value-Based Insurance Design Model

Calendar Year (CY) 2024 Monitoring Guidelines

Updated on October 24, 2023

Contents

Background and General Information

This document provides Medicare Advantage Organizations (MAOs) participating in the Value-Based Insurance Design (VBID) Model in Calendar Year (CY) 2024 with guidance pertaining to Model requirements that supports the Centers for Medicare and Medicaid Services (CMS) monitoring and evaluation activities for the VBID Model. These guidelines provide instructions about the required data and information that will be collected and reported in relation to the MAOs' participation in the Model. MAOs participating in the VBID Model must adhere to this guidance pursuant to the CY 2024 Addendum to Medicare Managed Care Contract for Participation in the VBID Model (Addendum).[1]

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

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

1. Wellness and Health Care Planning (WHP) (required for all participating Model plan benefit packages (PBPs));
2. VBID Flexibilities (VBID Flex) for targeting primarily or non-primarily health-related supplemental benefits (by LIS and/or chronic condition); such supplemental benefits may include new and existing technologies or FDA-approved medical devices (New Tech); use of high-value providers and/or participation in care management programs/disease management programs; and reductions in cost sharing for Part C items and services and covered Part D drugs; and
3. Part C and Part D Rewards and Incentives Programs (RI Programs).

---

[1] Capitalized terms not otherwise defined in these VBID Model Monitoring Guidelines have the meaning provided in the CY 2024 Addendum.

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

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

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

Monitoring requirements for the Hospice Benefit Component are addressed in the CY 2024 VBID Hospice Benefit Component Monitoring Guidelines.

1.1 VBID Monitoring and Evaluation Objectives

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

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

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

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

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

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

- MA Encounter Data;
- Medicare Claims;

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

We reiterate that MAOs must submit complete and accurate risk adjustment data pursuant to 42 CFR § 422.310, which includes encounter data. Model participants must submit accurate and complete encounter data related to VBID Component-specific activities in their encounter data submissions so that this Model's monitoring and evaluation have the benefit of those data.[4]

General Reporting Guidance and Requirements

2.1 Applicability of Other Guidance and Requirements

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

2.2 Overview of Types of Monitoring Data

Under the Addendum, MAOs are required to report monitoring data as specified in these monitoring guidelines. These required monitoring data collected from participating MAOs will fall into one of six categories: (a) Benefit Crosswalk that includes Plan Characteristics and VBID Component Information; (b) Beneficiary-level Data Reporting on VBID Component Targeting; (c) WHP Summary Report; (d) VBID Flex Supplemental Benefits Summary Report; (e) Beneficiary-level Data Reporting on VBID Flex Focus Area Supplemental Benefits; and (f) Health Equity Plan (HEP) Progress Report. Additionally, we request that MAOs *voluntarily* report their Beneficiary-level Health-Related Social Needs (HRSN) data. **Table 1** provides an overview of the types of required and voluntary monitoring data, the frequency for reporting, examples of data content included in the reporting, the file format for each type of monitoring data, and acceptable methods for data transmission to CMS. **Table 2** provides an overview of the submission timelines for each type of required and voluntary monitoring data. Outside of the monitoring data described in this guidance, CMS reserves the right to require MAOs to collect and report data on an ad hoc basis to monitor, audit, and evaluate the VBID Model in order to gain more insight into how

[4] For reference, please see the most recent Encounter Data Submission and Processing Guide.

participating MAOs are implementing VBID Components. In addition to VBID Component reporting requirements, participating MAOs must also comply with the record retention and data submission requirements set forth in the CY 2024 Addendum.

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

Type of Monitoring Data	Reporting Frequency	Data Content - Examples	File Format	Transmission Method
Benefit Crosswalk that includes Plan Characteristics and VBID Component Information for VBID Flex, RI and/or New Tech interventions specific to each MAO, along with Benefit Codes and Tailored Definitions for Key Reporting Data Elements for the MAO's VBID Interventions **(Appx. 1)**	Annual (MAOs will receive file for review on or around December 6, 2023)	Contract, Benefit Package, Segment IDs, Brief VBID Component Descriptions, Targeting Methodology, Benefit Codes, key data element definitions tailored to each Benefit Code, etc.	**Pre-populated by CMS**, participating MAOs will review and verify information; Fixed format Excel file	VBID Mailbox
Beneficiary-level Data Reporting on VBID Component Targeting for VBID Flex, RI and New Tech interventions **(Appx. 2)**	Annual (with test submission period)	Targeting Start Date; Benefit Eligible Start Date; Medicare Beneficiary Identification # (MBI); RI Amount Earned, etc.	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*
Beneficiary-level Data Reporting on VBID Flex Focus Area Supplemental Benefits **(Appx. 3)**	Annual (with test submission period)	Food Benefit Utilization; Non-Emergency Medical Transportation Utilization; and General Supports for Living Utilization.	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*

Type of Monitoring Data	Reporting Frequency	Data Content - Examples	File Format	Transmission Method
VBID Flex Supplemental Benefits Summary Report[b]; not limited to Focus Areas **(Appx. 5)**	Annual	Summary utilization and cost information on VBID Flex supplemental benefits excluding reduced cost sharing benefits for basic Part C (i.e. original Parts A/B equivalent) services and Part D services.	Fixed format reporting; Excel file	*CMMI Portal only*
WHP Summary Report **(Appx. 6)**	Annual	Summary information on WHP implementation efforts	Fixed format reporting; Survey questionnaire	Qualtrics Application
HEP Progress Report **(Appx. 7)**	Annual	Summary information on HEP implementation efforts	Fixed format reporting; Survey questionnaire	Qualtrics Application
(VOLUNTARY) Beneficiary-level Data Reporting on HRSNs **(Appx. 8)**	Annual	Elements capturing beneficiaries' health-related social needs, including food security; access to transportation; housing status, etc.	Fixed format reporting; Delimited files (e.g., .txt)	*CMMI Portal only*

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

[b] The VBID Flex Supplemental Benefits Summary Report covers annual summary-level utilization and cost information for VBID Flex primarily and non-primarily health related supplemental benefits only and should not include cost sharing reductions on basic Part C (i.e. original Parts A/B equivalent) services and Part D services.

Table 2: Monitoring Data Submission Timeline Overview

Monitoring Activity	Data Covered	CMMI Portal Access Deadline	Cumulative Performance Period [c]	Report Submission Period
VBID Flex, RI and New Tech: Test Data Submission (*mandatory for new 2024 MAOs; optional for others*) [a]	• Beneficiary-level VBID Component Targeting data (**Appx. 2)** • Beneficiary-level data on VBID Flex Focus Area Supplemental Benefits (**Appx. 3)**	6/28/24[a]	1/1/24 – 6/30/24	7/1/24 – 7/31/24
VBID Flex, RI and New Tech: 2024 Annual Submission (*mandatory for all 2024 MAOs*) [b]	• Beneficiary-level VBID Component Targeting data (**Appx. 2)** • Beneficiary-level data on VBID Flex Focus Area Supplemental Benefits (**Appx. 3)** • VBID Flex Supplemental Benefits Summary Report (**Appx. 5**)	2/28/25[b]	1/1/24 – 12/31/24	3/1/25 – 3/31/25
Voluntary HRSN Annual Data Submission	Beneficiary-level Health-Related Social Needs (HRSN) Data (**Appx. 8**)	2/28/25	1/1/24 – 12/31/24	3/1/25 – 3/31/25
WHP: Annual Summary Report Submission	MAO-level WHP Summary Report (**Appx. 6)**	N/A (via Qualtrics)	1/1/24 – 12/31/24	3/1/25 – 3/31/25
HEP Progress Report Annual Submission	HEP Progress Report **(Appx. 7**)	N/A (via Qualtrics)	1/1/24 – 12/31/24	3/1/25 – 3/31/25

[a] Any MAO offering a VBID Flex, RI or New Tech benefit in CY 2024 that did not participate in any of these VBID-General components in CY 2023 must gain access to the CMMI portal by 6/28/2024 to submit specified CY 2024 data during the Test Data Submission Period of 7/1/24- 7/31/24. Any other CY 2024 MAO opting to submit specified data during the Test Data Submission Period must also gain CMMI Portal access by 6/28/24.

[b] All MAOs participating in any VBID-General (i.e. VBID Flex, RI or New Tech) component in CY 2024 must confirm they have access to the CMMI Portal by 2/28/25 prior to submitting required annual cumulative data during the 2024 Annual Data Submission Period of 3/125-3/31/25. If access was previously established but lost for any reason (e.g. MAO's personnel changes), the MAO must work to obtain access for a new Model Participant Administrator (MPA) by 2/28/25.

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

2.3 Benefit Crosswalk that Includes Plan Characteristics and VBID Component Information

Accurate information on plan characteristics and VBID Components offered by participating MAOs is fundamental to CMS monitoring and evaluation activities. CMS intends to capture the majority of this information through its application process and internal CMS data sources (e.g., HPMS information, etc.). However, because this information is the basis for accurate and efficient reporting under the VBID Model, CMS will prepopulate a "Benefit Crosswalk" file that will include the required parent organization-specific data fields. These data elements include a listing of all contracts, plan benefit packages, segments, and VBID Component characteristics/attributes for VBID Flex, RI and New Tech interventions. The Benefit Crosswalk is specific to each participating MAO, and also includes MAO-specific benefit codes and tailored definitions for key data elements that the MAO is expected to include in their VBID-Component Targeting and Supplemental Benefit data submissions. The Benefit Crosswalk file, which includes these plan characteristics and VBID Component information, will be sent to participating MAOs in a fixed format Excel file for review. This verification file will contain a report of all approved CY 2024 contracts-PBPs-segments and associated VBID Components. Participating MAOs will receive specific instructions and deadlines for Benefit Crosswalk review from CMS when they receive the pre-populated crosswalk file on (or around) December 6, 2023. Once confirmed, the Benefit Crosswalk file will serve as the basis for subsequent reporting and monitoring activities. Accordingly, MAOs must use their MAO-specific CY 2024 Benefit Crosswalk in conjunction with file layouts specified in the respective appendices of this document as applicable to their CY 2024 Model participation to prepare and submit data.

Appendix 1, "CY 2024 Benefit Crosswalk File Key for VBID Flex, RI, and New Tech Interventions," provides participating MAOs with a sample of the Benefit Crosswalk file layout and content. Note that for CY 2024, CMS added columns related to focus area supplemental benefits. These columns will help inform participating MAOs of the required Beneficiary-level Data Reporting on VBID Flex Focus Area Supplemental Benefits as applicable.

2.4 Beneficiary-level Data Reporting

i. Beneficiary-level Data Reporting on VBID Component Targeting

In accordance with the schedule presented in **Table 2**, beneficiary-level data reporting for targeted enrollees will be required on an annual basis in CY 2024 for the following VBID Components (as applicable to approved MAOs): VBID Flex, New Tech, and RI Programs. Participating MAOs offering these VBID Components must keep a record of each unique beneficiary in each VBID PBP throughout the year and use the annual data submission to provide an account of beneficiaries who were targeted, and engaged in or not engaged in, VBID-specific activities for all VBID Flex, New Tech, and RI Programs, as applicable.

CMS requires participating MAOs to report on all data elements for all VBID Components relevant to their respective VBID PBPs, according to data element and value definitions described in the

appropriate file layout in **Appendix 2, "CY 2024 VBID Beneficiary Level Targeting File Layout."** Appendix 2 provides file layouts for annual beneficiary-level reporting for MAOs participating in the VBID Flex, New Tech, and RI Programs components. The Benefit Crosswalk file will provide further details on how key data elements in these file layouts will map specifically to your MAO's VBID program characteristics. MAOs are required to ensure all required data elements are complete and accurate; MAOs must ensure all dates (e.g., target start date, target end date, eligible start dates, etc.) entered match definition formats.

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

As noted in the CY 2024 Request for Applications (RFA) for the VBID Model, CMS will, in collaboration with participating MAOs, collect data and evidence regarding the effects of identified impactful supplemental benefits. As part of these efforts, CMS requires MAOs to report beneficiary-level supplemental benefit data using the file layout detailed in **Appendix 3, "CY 2024 VBID Flex Beneficiary Level Focus Area Supplemental Benefit File Layout"** on an annual basis (see Table 3 for reporting schedule). In contrast to the VBID Flex Supplemental Benefits *Summary* Report, the *Beneficiary-level* Data Reporting on VBID Flex Focus Area Supplemental Benefits is specifically focused on intervention areas that align with health equity focus areas for CMS, which are food, transportation, and general supports for living.

See **Appendix 4, titled, "CY 2024 VBID Technical Specifications for Supplemental Benefit Data Reporting"** for further technical specifications and guidance covering the reporting of the VBID Flex Beneficiary Level Focus Area Supplemental Benefit File (Appx. 3) and the VBID Flex Supplemental Benefit Summary Report (Appx. 5).

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

MAOs that offer VBID Flex, RI or New Tech benefits in CY 2024 but were not participating in any of these VBID-General Components in CY 2023 must submit Beneficiary-Level Data on VBID Component Targeting covering the first half of CY 2024 via the CMMI Portal during the Test Data Submission Period. Similarly, CY 2024 MAOs that offer a VBID Flex Focus Area Supplemental Benefit in CY 2024 but were not participating in any of the VBID-General Components (i.e. VBID Flex, RI or New Tech) in CY 2023 must submit Beneficiary-Level Data on VBID Flex Focus Area Supplemental Benefits covering the first half of CY 2024 via the CMMI Portal during the Test Data Submission Period. . See **Table 3** and **Figure 1** for an overview of what the cumulative performance periods and report submission periods cover.

Although returning CY 2024 MAOs (MAOs that participated in any VBID-General component [VBID Flex, RI or New Tech] in CY 2023) are not required to submit any data during the Test Data Submission Period, we strongly encourage returning MAOs to submit beneficiary-level data during the Test Data Submission Period. CY 2024 is the first year that the VBID Model is requiring data reporting for Beneficiary-Level Data on VBID Flex Focus Area Supplemental Benefits and the VBID Model is also moving to an annual data submission for all data submission types. Submitting data during the Test Data Submission Period will allow the VBID Team to give feedback on your organization's data submission(s) before the annual submission period.

All MAOs offering VBID Flex, RI or New Tech benefits in CY 2024 are required to submit cumulative full-year CY 2024 Beneficiary-Level Data on VBID Component Targeting via the CMMI portal during the Annual Data Submission Period.

Similarly, all MAOs offering a VBID Flex Focus Area Supplemental Benefit in CY 2024 are required to submit cumulative full-year CY 2024 Beneficiary-Level Data on VBID Flex Focus Area Supplemental Benefits during the Annual Data Submission Period.

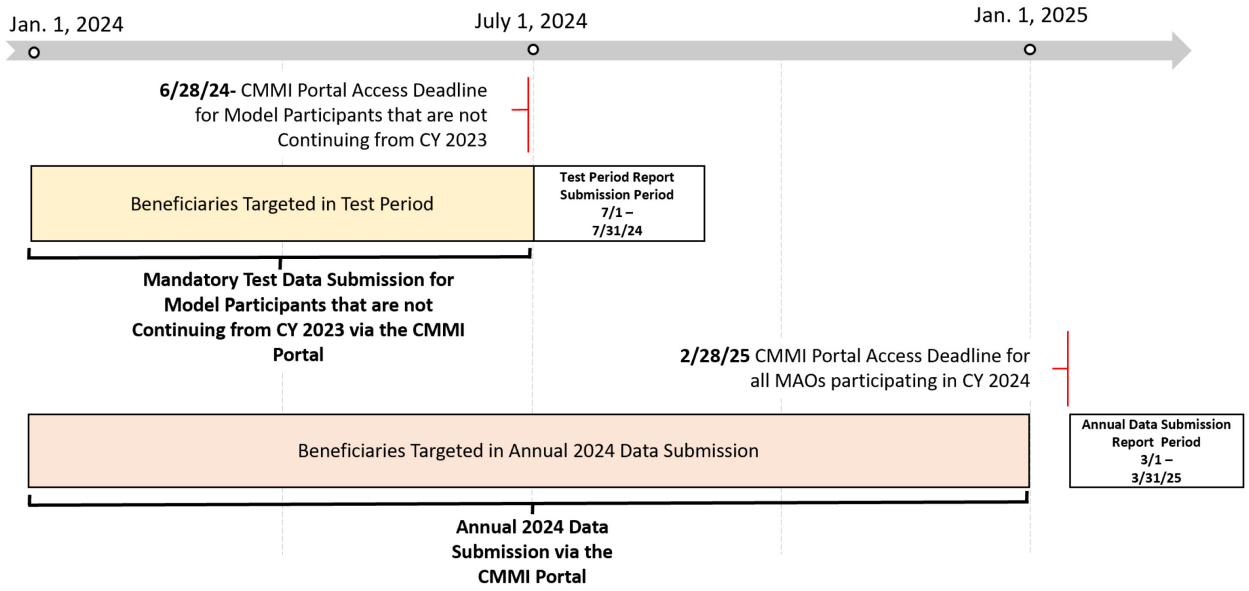
The annual submission should include all information for CY 2024 and serve as a cumulative "snapshot" of all beneficiary-specific activity in the Model year (i.e. January 1, 2024 through December 1, 2024). Additional instructions and training on beneficiary-level data reporting will be provided to MAOs prior to the 2024 Annual Submission.

Table 3: Beneficiary-level Data Reporting Schedule (CY 2024)

Data Submission	Cumulative Performance Period	Report Submission Period
Test Data Submission[a]	1/1/24 – 6/30/24	7/1/24 – 7/31/24
2024 Annual Submission	1/1/24 – 12/31/24	3/1/25 – 3/31/25

[a] Test data submission of beneficiary-level targeting data is mandatory for any MAO offering VBID Flex, RI or New Tech benefits in CY 2024 that did not participate in any of these VBID-General components in CY 2023; test data submissions for beneficiary-level focus area supplemental benefits data is mandatory for any MAO that did not participate in any VBID-General component in CY 2023 and is offering a VBID Flex supplemental benefit in one of the focus areas in CY 2024.

Figure 1: CY 2024 CMMI Portal Access Deadlines, and Cumulative Performance Periods and Report Submission Periods for Beneficiary-level Data



As shown in the figure above, any MAO that offers a VBID Flex, RI or New Tech benefit in CY 2024 but did not participate in any VBID-General (i.e. VBID Flex, RI, or New Tech) component in CY 2023 must gain access to the CMMI portal by 6/28/2024 to submit specified data during the 2024 Test Data Submission Period of 7/1/24- 7/31/24. Any other MAOs wishing to submit specified data during this period must also gain CMMI Portal access by 6/28/24.

Additionally, all MAOs participating in any VBID-General component in CY 2024 must confirm they have access to the CMMI Portal by 2/28/25 prior to the 2024 Annual Data Submission Period of 3/12/25-3/31/25. If access was lost for any reason by the MAO's existing Model Participant Administrator (e.g. due to MAO's personnel changes), the MAO must work to obtain access for a new Model Participant Administrator (MPA) by 2/28/25.
Applicable MAOs should email the VBID Implementation Contractor at MAVBIDhelpdesk@acumenllc.com, with a CC to the VBID Model Team at VBID@cms.hhs.gov, confirming that they have CMMI portal access by the deadlines indicated above. Detailed guidance materials regarding the CMMI Portal access process will be sent to MAOs separately.

With respect to submission mechanics, beneficiary-level data must be reported to CMS through the CMMI Portal, unless otherwise instructed by CMS. The CMMI Portal will only allow reporting during the applicable report submission period, and CMS expects all MAOs to meet the submission deadlines outlined above. If a participating MAO is unable to report during the applicable report submission period due to exceptional circumstances, the MAO must inform CMS in writing before the close of the report submission period with a request and reason for an extension for CMS's approval to meet VBID Model monitoring requirements

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

2.5 Summary Reports and Other Reporting

i. VBID Flex Supplemental Benefits Summary Report

Consistent with the CY 2024 RFA for the VBID Model, CMS is interested in continuing to better understand the value and impact of VBID Flex supplemental benefits, including which benefits have the most meaningful quality and health equity outcomes. CMS is committed to addressing health inequities and the underlying inequities within the healthcare system. As a part of this effort, CMS will continue to collect summary-level data on utilization of VBID supplemental benefits, with the exception of reduced cost sharing on basic Part C (original Part A and B equivalent) services and Part D services. These data are expected to help CMS better understand how such supplemental benefits may be tailored to address enrollees' needs and improve outcomes.

Accordingly, for CY 2024, CMS will require annual summary level data reporting of VBID Flex supplemental benefits in a format detailed in **Appendix 5, "CY 2024 VBID Summary Level Flex Supplemental Benefit File Layout"** (see Table 4 for reporting schedule). This information is for VBID Flex supplemental benefits only and should not include cost-sharing reductions basic Part C (i.e. original Parts A/B equivalent) services and Part D services. This information will be collected at the contract-segment-PBP level.

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

Table 4: Schedule for Summary Level Reporting on VBID Flex Supplemental Benefits Data (CY 2024)

Annual Submission	Cumulative Performance Period	Report Submission Period
2024 Annual Submission	1/1/24 – 12/31/24	3/1/25 – 3/31/25

Additionally, in CY 2024, CMS may conduct outreach to participating MAOs, individually or together as part of a learning and diffusion activity, to gain a better understanding of VBID Flex supplemental benefits reporting capabilities.

ii. WHP Summary Report

MAOs participating in CY 2024 are required to submit an annual summary report of activities undertaken in CY 2024 to implement their WHP strategy and to assess the impact of these activities on the number of enrollees who engage in individualized one-on-one WHP discussions. WHP must include Advance Care Planning (ACP) services and report the number of enrollees who have participated in a WHP discussion or completed an ACP document, like an Advance Directive, during CY 2024. The summary report also collects qualitative data, such as Model participants'

experience and successes in engaging enrollees and providers in WHP including ACP, consistent with CMS' objective to extend WHP and encourage more beneficiaries to complete ACP.[5]

Appendix 6, "CY 2024 WHP Reporting Worksheet Template" provides a worksheet for this report that C Y2024 Model participants will complete, covering the performance period of January 1, 2024 through December 31, 2024, and submit to CMS by March 31, 2025, via a Qualtrics survey, issued from the VBID mailbox. Participating MAOs must report their CY 2024 status of these activities in the format provided by CMS.

iii. Other Reporting

CMS reserves the right to require MAOs to collect and report data on an ad hoc basis to monitor, audit, and evaluate the VBID Model, including to gain more insight into how participating MAOs are implementing VBID Components. An example of this type of reporting, if specifically requested by CMS, might include more detailed information on a participating MAO's targeting methodology (e.g., ICD-10 codes, or a narrative on how this methodology is operationalized via plan data systems/sources, etc.) or additional information to demonstrate the evidence base and/or theory of action for a specific VBID Component. CMS is not prescribing a specific format for ad-hoc reports at this time. Other reporting will not be requested unless it is essential to CMS monitoring, auditing, or evaluation activities. To facilitate ad-hoc data exchange of PII/PHI between CMS and MAOs, CMS will use the Box application certified by CMS to allow sharing PII/PHI data. CMS' Box application is a secure, web-based, electronic file transfer (EFT) tool. In general, this tool provides the following functions: secure file transfer and file management. Data submitted is only visible to the individual MAO and CMS.

2.6 HEP Progress Report

As described in Section 1.3 and Appendices A and B of the CY 2024 VBID RFA, and Section 1.3 and Appendices B and C of the VBID Hospice RFA, all MAOs participating in the VBID Model for CY 2024 must have a detailed strategy for advancing health equity as part of its approach to participation in the Model. This strategy is hereafter referred to as a Health Equity Plan.

CMS will use a qualitative survey, that is the HEP Progress Report, to collect information about and monitor the implementation of the HEPs from all MAOs participating in the VBID Model. **Appendix 7, "CY 2024 HEP Progress Report Template"** includes the template for the HEP Progress Report. Participating MAOs will annually complete and submit cumulative progress

[5] For reference, consistent with their CY 2024 Approved Proposal, participating MAOs must implement a WHP strategy to inform all enrollees in all of the PBPs included in the Model regarding their opportunity for WHP/ACP and to engage them in these activities. In addition to outreach to all enrollees, participating MAOs may also have a more targeted strategy for their VBID enrollees or other subpopulations (e.g., enrollees living with serious illness) to receive WHP/ACP and to complete ACP documents.

reports through a Qualtrics survey. MAOs participating in multiple components of the VBID Model will submit one VBID HEP Progress Report. Please see Table 5 for more details.

Table 5: Schedule for HEP Progress Report (CY 2024)

Annual Submission	Cumulative Performance Period	Report Submission Period
HEP Progress Report Annual Submission	1/1/24 – 12/31/24	3/1/25 – 3/31/25

When completing the HEP Progress Report, a participating MAO must directly reference the narrative included in their Approved Proposal's HEP and, in general, explain in further detail how the participating MAO has advanced its efforts initially described in the HEP. MAOs participating in the Hospice Benefit Component of the VBID Model must include information on potential inequities and disparities in access, outcomes, and/or enrollee experience of care that the MAOs aim to address as it relates to their participation in the Hospice Benefit Component as a whole. This includes any inequities in access, outcomes, and/or enrollee experience of care as it relates to palliative care, transitional concurrent care, and hospice. Not all questions in the HEP Progress Report may be applicable to all participating MAOs based on the type of information originally included in a HEP.

CMS anticipates and allows for participating MAOs to improve upon the HEP initially submitted based on lessons learned throughout the implementation of the HEP. In cases when a participating MAO has changed its approach compared to the submitted HEP and/or the implementation approach to support advancing health equity, the participating MAO must add any new details or information about its HEP implementation activities that may not have been available at the time of the Approved Proposal. Any changes must be identified through the HEP Progress Reports with the original and revised approach clearly identified.

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

2.7 Voluntary Data Submissions

i. Beneficiary-level Data Reporting on Health-Related Social Needs

CMS will start collecting beneficiary-level data on HRSNs specifically focused on priority areas for advancing health equity, such as food, transportation, and general supports for living. As part of these efforts, CMS encourages MAOs to voluntarily report beneficiary-level HRSN data using the file layout detailed in **Appendix 8, "CY 2024 VBID Beneficiary Level Health Related Social Needs File Layout"** during the annual data submission period (see Table 6 for reporting

schedule). Beneficiary-level HRSN data does not need to be submitted during the test data submission period.

The HRSN assessment data must not be older than one year and the HRSN assessment data submissions are limited to the following three HRSN screening tools:

- North Carolina HRSN Screening Tool
- Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE)
- Accountable Health Communities (AHC) HRSN Screening Tool

Further guidance will be provided on HRSN data reporting requirements in Q1 2024.

Table 6: Schedule for Beneficiary-level Data Reporting on Health-Related Social Needs (CY 2024)

Data Submission	Cumulative Performance Period	Report Submission Period
2024 Annual Submission	1/1/24 – 12/31/24	3/1/25 – 3/31/25

2.8 CMMI Portal

In CY 2020, CMS began to utilize its CMMI Portal to capture plan-reported information whenever possible and specifically for the collection of beneficiary-level data reporting. The CMMI Portal is a secure, web-based, electronic file transfer tool. In general, this tool provides the following functions: secure file transfer, file management, tracking and validation, and a framework for CMS to link beneficiary-level data reported by participating MAOs to internal CMS data. Files submitted via the CMMI Portal will be accessible in a secure manner to both CMS and its implementation contractor for review of the quality of data reported, analysis for compliance with the CY 2024 Addendum, and preparation of monitoring reports. Data submitted by each MAO is only visible to the individual MAO, CMS, and CMS contractor.

Table 7 outlines the dates by which each participating MAO must gain access to the CMMI Portal. Each participating MAO will be allowed one primary user in the CMMI Portal (at the parent organization level). After registering and being approved by CMS, this primary user in the CMMI Portal will be authorized to approve access for additional users affiliated with the participating MAO. If/When a participating MAO needs to change the primary user authorized for the CMMI Portal (i.e. the Model Participant Administrator), the MAO must contact the VBID mailbox at VBID@cms.hhs.gov and CMS' implementation support contractor at MAVBIDHelpdesk@acumenllc.com. CMS will provide additional instructions and specific hyperlinks to the CMMI Portal separately. Participant training will also be provided during the year to assist participating MAOs with the mechanics and technical details associated with reporting via the CMMI Portal.

Table 7: CMMI Portal Access Deadlines (CY 2024)

MAO Group	CMMI Portal Access Deadline
"New 2024 MAOs": MAOs offering a VBID-General (i.e. Flex, RI or New Tech) benefit in CY 2024 that did not participate in any of these VBID-General Components in CY 2023	6/28/24
All CY 2024 MAOs participating in any VBID-General Component in CY 2024	2/28/25

2.9 Prescription Drug Event Data – Technical Guidance for Reporting

For CY 2024, certain participating MAOs were approved by CMS (as part of the VBID Component, VBID Flex) to offer reduced or zero cost-sharing for covered Part D drugs offered in a participating MA-PD plan. Examples of this might include: (a) elimination or reduction of co-pays, (b) elimination or reduction of co-insurance, or (c) exemption of a given drug from the plan deductible. These plan flexibilities directly impact a beneficiary's out-of-pocket spending and must be reported by participating MAOs in prescription drug event (PDE) data submitted to CMS. Participating MAOs offering these plan flexibilities must report beneficiary/drug event-specific costs (associated with these changes in beneficiary cost sharing) in the appropriate PDE data fields.

The Patient Pay Amount on the PDE should contain the reduced cost-sharing amount that the beneficiary actually paid. The difference between the original cost-sharing amount after the application of any supplemental coverage the plan offers outside of VBID Flex and the reduced cost-sharing amount after the application of VBID Flex (i.e., the cost-sharing buy-down under the VBID Model) should be reported on the PDE in the Patient Liability Reduction due to Other Payer Amount (PLRO) field. Participating MAOs must comply with all other PDE reporting rules, such as the requirement that Enhanced Alternative (EA) supplemental benefits be applied before the gap discount and before LIS, as established by CMS for Part D plans not participating in the Model.

For more guidance on the treatment of reductions in Part D cost-sharing under the VBID Model, please refer to the memorandum, "VBID Model Guidance on Treatment of Reductions in Part D Cost-Sharing," available on the VBID Model website. The memorandum provides further details and instructions to participating MAOs regarding low-income cost-sharing subsidy (LICS) applicability and calculations for the Manufacturer discount for the Coverage Gap Discount Program (CGDP), as it pertains to the Model flexibility to reduce or eliminate Part D cost-sharing. A follow-on memorandum, "VBID Prescription Drug Event (PDE) Reporting Guidance for Contract Year (CY) 2023)," released on December 1, 2022, to the VBID Model website, provides additional detail and examples regarding the reporting of VBID Model benefits in PDE data. This reporting guidance applies to CY 2024 as there are currently no changes in the VBID Model's Part D design. Although there are no changes to the VBID Model's Part D design at the time of this monitoring guideline's release, please be aware that the CY 2024 PDE reporting guidance that CMS released as a result of the Inflation Reduction Act (IRA) should be referenced in conjunction with the prior VBID PDE reporting guidance. For example, Example 6 in the December 1, 2022, VBID PDE Reporting Guidance is no longer relevant in 2024 due to the removal of beneficiary cost-sharing in the catastrophic phase.

Appendix 1: CY 2024 Benefit Crosswalk File Key for VBID Flex, RI, and New Tech Interventions

Parent Organization	Parent Organization Code	Target Population	Target Population Code	Benefit*	Benefit Code	Supplemental Benefit Category Name	Supplemental Benefit Category Code	Supplemental Benefit Category, as in bid	Focus Area Supplemental Benefits	Model Component	Target Start Date Definition	Opt-in Date Definition	Eligible Start Date 1 Definition
World's Best HMO	V###	Patients with XYZ chronic health conditions	V###01	Reduced cost sharing for XYZ	V###0101	N/A	N/A	N/A	N/A	VBID	First date identified with XYZ condition.	First date opted-into the VBID program[6]	First date met care management requirements
World's Best HMO	V###	LIS members	V###02	Reduced cost sharing for ABC	V###0201	N/A	N/A	N/A	N/A	VBID	First date identified as LIS.	N/A	N/A
World's Best HMO	V###	Patients with ABC chronic conditions	V###03	OTC Card	V###0301	OTC Items	3	Categorized in bid as "OTC Item"	N/A	VBID	First date identified with ABC condition.	N/A	N/A
World's Best HMO	V###	Enrollees targeted to receive Medical Devices	V###04	Medical Device	V###0401	N/A	N/A	N/A	N/A	New Tech	First date eligible for Medical Device A.	N/A	N/A
World's Best HMO	V####	Enrollees targeted to receive a food benefit	V###05	Food Benefit	V###0501	Meals (beyond limited basis)	19	Categorized in bid as "Food and Produce"	19	VBID	First date eligible for Food Benefit A.	N/A	N/A
World's Best HMO	V####	Enrollees targeted to receive Home Assistance	V###06	Air Conditioning Unit	V###0601	Indoor Air Quality Equipment and Services	24	Categorized in bid as "Indoor Air Quality Equipment and Services".	24	VBID	First date eligible to receive Indoor Air Quality Equipment and Services.	N/A	N/A

*Note that use of "Benefit" here includes all VBID- General (Flex, RI, and New Tech) Components, including RI, which are not benefits.

[6] MAO's program design would influence including Opt-In and Eligible Start dates. Opt-In and Eligible Start Date may not apply to all MAOs submitting Flex files.

Appendix 2: CY 2024 VBID Beneficiary Level Targeting File Layout

Appendix 2, titled, "**Calendar Year (CY) 2024 VBID Beneficiary Level Targeting File Layout**" provides file layouts for beneficiary-level reporting associated with the VBID Flexibilities (VBID Flex**")** targeting, Part C and D RI Programs ("RI") targeting and reward receipt, and New and Existing Technologies/Medical Devices ("New Tech") targeting and device receipt. This file layout covers data to be submitted in the test submission period (all new 2024 MAOs) and annual submission period (all 2024 MAOs)

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

Appendix 3: CY 2024 VBID Beneficiary Level Focus Area Supplemental Benefit File Layout

Appendix 3, titled, "**CY 2024 VBID Beneficiary Level Focus Area Supplemental Benefit File Layout**" provides file layouts for reporting of beneficiary-level supplemental benefits utilization specifically focused on priority or focus areas for advancing heath equity, such as those related to food, transportation, and general supports for living. This file layout covers data to be submitted in the test submission period (all new 2024 MAOs) and annual submission period (all 2024 MAOs).

Appendix 4: CY 2024 VBID Technical Specifications for Supplemental Benefit Data Reporting

See Appendix 4, titled, "**CY 2024 VBID Technical Specifications for Supplemental Benefit Data Reporting**" for technical specifications for mandatory annual reporting of both summary and beneficiary level supplemental benefits data.

Appendix 5: CY 2024 VBID Summary Level Flex Supplemental Benefit File Layout

Appendix 5, titled, "**CY 2024 VBID Summary Level Flex Supplemental Benefit File Layout**" provides file layouts for annual summary level data reporting of VBID Flex supplemental benefits, not limited to focus areas.

Appendix 6: CY 2024 WHP Reporting Worksheet Template

Deadline for Reporting Data to CMS: March 31, 2025
Data Coverage Period: January 1, 2024 – December 31, 2024
Reporting Platform: Qualtrics

ALL REPORTING IS AT THE PARENT ORGANIZATION LEVEL AND COVERS ALL PBPs PARTICIPATING IN THE VBID MODEL IN CY 2024

Please note that questions in Qualtrics are generated based on your answers to previous questions. Thus, in Qualtrics, you may not see all questions.

WHP OUTREACH

Q1. Please enter your Parent Organization name, your name, and your e-mail address:

Parent Organization name _____
Name of point of contact completing this report _____
E-mail address of point of contact _____

Q2. Did you inform **all enrollees** in each of your VBID Plan Benefit Packages (PBPs) of their opportunity to take part in Wellness and Health care Planning (WHP) activities?

Note that throughout this document and consistent with the Addendum, "WHP services" mean advance care planning (ACP) services and other services identified in the Approved Proposal for the WHP Services VBID Component. Such services may be in addition to the activities and performance required by 42 CFR § 422.128. In this WHP reporting template, we will be requesting information on ACPs, such as completion of an advance directive, to understand how the WHP activities related to VBID may influence ACP outcomes.

[Yes/No]

Q3. In your VBID PBPs, in what ways did you promote awareness of WHP services, including ACP, and access to these services using both general outreach, such as print materials, and more individualized one-on-one outreach? (Select all that apply.)

Q3.a General Outreach	Q3.b One-on-One Outreach
General enrollee outreach by a Medicare Advantage Organization (MAO) that is one-way print or digital communications that are not personalized or other types of outreach that are not specific to a single enrollee.	***One-on-one outreach is individualized enrollee outreach by an MAO.***
☐ WHP information is included in enrollment materials (e.g., Evidence of Coverage (EOC))	☐ An outreach conversation with an enrollee by case management staff (conducted either in person, by phone, or virtually) that promotes awareness of WHP opportunities and access
☐ WHP information is included in other post enrollment written materials (e.g., letters, emails, portal posting)	☐ An outreach conversation with an enrollee by customer service or other MAO staff (conducted either in person, by phone, or virtually) that promotes awareness of WHP opportunities and access
☐ WHP specific print communications (e.g., WHP including ACP brochures, flyers, reminders sent to all enrollees or to targeted enrollees)	☐ Outreach to an enrollee's provider to encourage the provider to conduct a WHP conversation with the enrollee
☐ Annual Wellness Visits (AWV) reminders and promotions that mention WHP (including print or digital communications)	☐ Other one-on-one individualized outreach by an MAO to an enrollee that promotes awareness of WHP opportunities and access (Please specify)
☐ Other online or digital WHP postings or communications	
☐ Outreach or training to network providers to encourage WHP discussions	
☐ Other (Please specify)	

UNDERSTANDING YOUR WHP POPULATION

Q4. Do you track WHP discussions for all 2024 enrollees enrolled in each of your 2024 VBID Model-participating PBPs? If so, how did you track the WHP discussions for all enrollees in VBID PBPs in CY 2024? (Select all that apply). If not, please indicate that you don't track WHP discussions in the check box below.

☐ Claims ☐ Care Management System ☐ Electronic Health Record (EHR) ☐Registry
☐ Digital application (e.g., a digital advance directive platform or other online platform) ☐ Other (Please specify _____) ☐ We don't track WHP discussions.

Q5. Think about **all enrollees enrolled in each of your 2024 VBID Model-participating PBPs in CY 2024**. In Columns A through D, please report the following metrics at your parent organization level, taking into consideration your entire enrolled population.

Total number of enrollees in 2024 in VBID PBPs	Number of enrollees in VBID PBPs who participated in a WHP discussion* with a provider, care manager, or other qualified individual in 2024	Did you track the number of enrollees in VBID PBPs that completed ACP in 2024 (i.e., the number of enrollees for whom there is a preexisting signed document indicating their wishes)?	If in 2024 you tracked the number of enrollees in VBID PBPs who completed an ACP, what number completed or updated an ACP document in 2024?
Column A	*Column B*	*Column C*	*Column D*
Report the total number of enrollees enrolled in 2024 VBID-participating PBPs at any point (and for any length) between January 1, and December 31, 2024 *regardless of current enrollment status*	*Report the number of enrollees who had a WHP discussion.** *This number should be* ***less than or equal*** *to the total number of enrollees.*	*Select "yes" or "no".*	*{If yes,} Report the specific number of enrollees that completed an ACP* ***in 2024****.* *This number should be* ***less than or equal*** *to the total number of enrollees.* ***NOTE: If you do not track ACP completions, enter "0".***
#	#	Yes/No	#

* A WHP discussion is a face-to-face, telephonic, or virtual conversation between a qualified health care professional and an enrollee about the enrollee's health care wishes if he or she becomes unable to make decisions about their care. The discussion may be about an ACP including advance directives, with or without completing legal forms.

[If Column C = "yes" indicating completion of an ACP was tracked for full enrollment, continue to Q5.a. Otherwise, skip to Q5.b.]

Q5.a. The regulation at 42 CFR § 422.128 requires MAOs to document in an enrollee's medical record whether the individual has a current advance care directive in place. In addition to such notations, you indicated that you track the number of completed ACPs for your full enrollment in VBID PBPs. How did you track the number of completed ACPs? (Select all that apply)

☐ Claims ☐ Care Management System ☐ Electronic Health Record (EHR) ☐Registry
☐ Digital application (e.g., a digital advance directive platform or other online platform) ☐ Other (Please specify _____)

[Skip to Q6.]

Q5.b. You indicated that your organization did not track the number of ACPs completed in 2024 for your full enrollment in VBID PBPs. What actions need to be undertaken by your organization to enable tracking and reporting of the annual number of completed ACPs?

_____
_____
_____

UNDERSTANDING YOUR WHP IMPLEMENTATION EXPERIENCE

Q6.a. Which of your CY 2024 WHP activities do you see as the most impactful in terms of leading to the largest number of enrollees engaging in a WHP discussion, including completing ACPs?

_____
_____
_____

Q6.b. Please review on your response to Q6.a., and explain how you are determining what activities were the most impactful.

_____
_____
_____

Q7. Please share insights about engaging enrollees, including historically underserved populations and those with Health-Related Social Needs (HRSNs). CMS is particularly interested in approaches addressing sensitive ACP conversations, culturally sensitive WHP activities, and using data to support health equity.

_____
_____
_____

Q8. Please share any additional information and examples to help CMS understand what worked for your organization in offering WHP services equitably.

_____
_____
_____

Q9. Please share any additional information and examples to help CMS understand what did not work and what challenges your organization experienced in offering WHP services equitably.

_____
_____
_____

Thank you for taking the time to complete this worksheet, and for the important work you do in implementing your WHP program. Your insights and feedback are an important part in helping us understand the impacts of the Model. Your WHP programs support this Model and work to ensure that beneficiaries receive the care they need and want.

Appendix 7: CY 2024 HEP Progress Report Template

Deadline for Reporting Date to CMS: March 31, 2025
Plan Reporting Period: January 1, 2024 – December 31, 2024
Reporting Platform: Qualtrics

ALL REPORTING IS AT THE PARENT ORGANIZATION LEVEL

HEP Progress Report

Please note this document represents a template of the HEP Progress Report. MAOs will be provided with a link to complete and submit the HEP Progress Report. Each MAO will be directed to the appropriate questions and sub-questions based on initial responses provided in the survey.
When completing the HEP Progress Report, MAOs should directly reference the narrative included in their Approved Proposal's HEP.

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

2024 HEP Progress Report Template

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q1: Please enter your Parent Organization name, your name, and your e-mail address:	**Text box**
Q2: Has your organization identified a disparity in your enrollee population related to access, outcomes, or experience of care?	Likert Scale (0) Not yet (1) In progress (2) Yes

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q3: *[Only if Answered Yes to Q2.]* **Please describe the priority population (including the number of estimated individuals impacted) and the disparity(ies) you addressed through your organization's HEP.**	4-Column table/matrix Column 1: Priority Group *(select at least 1)* (1) Low-Income Subsidy (LIS) eligibility/Dual status in the territories (2) Chronic condition (3) Individuals that face a combination of HRSNs (4) Individuals with Limited English proficiency (5) Individuals living in high Area Deprivation Index (ADI) census block groups (6) Other (open response) Column 2: Describe the population(s) (short answer text box) Column 3: Enter estimated number of individuals impacted (short answer text box) Column 4: Disparity type (select all that apply) (1) Access to care (2) Care outcomes (3) Enrollee experience of care (4) Other
Q4: *[Only if Answered Yes to Q2.]* **Please describe the disparities identified, including the quantifiable gap in access, outcomes, or experience of care (e.g., 25% of LIS/ dual eligible enrollees received a pre-hospice consultation compared to 50% of non-LIS/ dual eligible enrollees).**	Text box
Development of Intervention(s) to Address Potential Disparities	
Q5: Have you developed an intervention as part of your HEP to address disparity(ies) identified in your population?	Likert Scale (0) Not yet (1) In progress (2) Yes

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q6: *[Only if Answered Yes or in progress to Q5.]* **What elements are included in your organization's HEP intervention to address disparity(ies)?**	Select all that apply (1) Meal delivery service (2) Non-emergency medical transportation (3) Non-medical transportation (4) Indoor air quality equipment (5) Other VBID supplemental benefits addressing health-related social needs (6) New or expanded case management or care coordination (7) Provider education (8) Beneficiary and/or caregiver education (9) Medication management (10) Translation/interpreter services (11) Coordination of benefits across government programs (e.g., SNAP), community supports, etc. (12) Access to community-sponsored programs and events (13) Access to plan-sponsored programs and events (14) Other (open response)
Q7: *[Only if Answered Yes or in progress to Q5.]* **Please briefly describe your interventions in more detail.**	Text box
Implementation of the Intervention to Address Potential Disparities	
Q8. *[Optional]* **If the staff lead responsible for the success of organization's HEP has changed since the time of your CY 2024 VBID Application, please provide the full name, title, and email address of the new HEP champion here.**	Text box
Q9: Do you anticipate, or have you encountered, any barriers or challenges related to implementation of the intervention?	(1) Yes (2) No

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q10: *[Only if Answered Yes to Q9.]* **Please select all areas in which you have encountered challenges related to implementation of the intervention.**	Select all that apply (1) Data collection (2) Data analytic capacity (3) Member awareness/engagement (4) Member access to resources (e.g., wifi) (5) Provider practices (e.g., inconsistent use of diagnostic codes across providers) (6) Staffing availability (7) Need for staff training (8) Cultural/language barriers (9) Other (please describe)
Q11: *[Only if Answered Yes to Q9.]* **Please describe in more detail the challenges identified in questions 9 and 10.**	Text box
Q12: *[Only if Answered Yes to Q9.]* **Please describe how your organization is acting to mitigate the implementation challenges identified in questions 9 and 10.**	Text box
Q13: Has your organization implemented any organizational or operational changes to achieve improvements in health equity through the VBID Model?	Likert Scale (0) Not yet (1) In progress (2) Yes
Q14: *[Only if Answered Yes or in progress to Q13.]* **You indicated that your organization has implemented, or are in progress of implementing, organizational or operational changes. What are those changes?**	Select all that apply (1) Hiring staff (2) Holding trainings (3) Making investments in communities (4) Making investments in IT platforms to support health equity data collection/ analysis (5) Other (open response)
Q15: *[Optional]* **Describe any completed HEP implementation activities or milestones not captured previously in this survey.**	Text box
Monitoring & Sustainability	
Q16: Have you identified a specific measure(s) to monitor progress over time and ensure you are achieving your health equity goal(s)?	Likert Scale (0) Not yet (1) In progress (2) Yes

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q17: *[Only if Answered Yes or in progress to Q16.]* **Which type(s) of measure(s) will you use to monitor progress towards your goal?**	Select all that apply (1) Annual wellness visit completion rate (2) Hospital admission rate (3) Hospital readmission rate (4) ED/acute care utilization rate (5) Medication management/adherence (6) Patient experience measure(s) (7) Other (please specify)
Q18: *[Only if Answered Yes or in progress to Q16.]* **Please describe the progress monitoring measure(s) selected in question 16.**	Text box
Q19: Has your organization achieved the health equity goal(s) you established in your CY 2024 VBID Application?	Likert Scale (0) Not yet (1) In progress (2) Yes
Q20: Please describe your organization's progress on the health equity goals you identified in your CY 2024 VBID Application. Please reference the goals you established at that time, and include any measurable progress, or difficulties with tracking progress towards these goals.	Text box
Engagement of Enrollees, Caregivers, and Providers to Understand Needs and Craft Potential Interventions	
Q21: Did you include input from any of the following stakeholder groups when designing and/or implementing the intervention?	Select all that apply (0) No (1) Yes, from enrollees (2) Yes, from caregivers (3) Yes, from providers (4) Yes, from others (please describe-open text box)
Q22: *[Only if Answered Yes to Q21.]* **You indicated that you received input from stakeholder groups. Please describe the input that was received and how you engaged with these stakeholders.**	Text box
Q23: *[Only if Answered Yes to Q21.]* **You indicated that you received input from stakeholder groups. Please describe how this input from stakeholders shaped your ongoing HEP intervention. Did this input cause your organization to make any changes to your planned course of action?**	Text box

Identification of Disparities in Access, Outcomes, and/or Enrollee Experience among Identified Priority Populations	
Question	**Response Options**
Q24: Have you engaged community partners to support planning, implementation, and/or improvement of the intervention?	Likert Scale (0) Not yet (1) In progress (2) Yes
Q25: *[Only if Answered Yes or in progress to Q24.]* **You indicated that your organization engaged community partners in your HEP. Please list which community partners you engaged, the nature of this engagement, and how their engagement has impacted your intervention.**	Text box
Q26: What additional support could CMS provide to help you plan, implement, and monitor progress of your HEP? If you answered "In progress" to any previous questions, please describe what support would most help your organization move forward in those areas.	Text box

Appendix 8: CY 2024 VBID Beneficiary Level Health Related Social Needs File Layout

See Appendix 8, titled, "**CY 2024 VBID Beneficiary Level HRSN File Layout**" for voluntary annual reporting of beneficiary-level HRSN data on priority areas for advancing heath equity, such as those related to food, transportation, and general supports for living.