

Appendix 4: Calendar Year (CY) 2024 VBID Technical Specifications for Supplemental Benefit Data Reporting

Updated on October 24, 2023

1	Introduction.....	2
2	Summary Level Supplemental Benefit File Layout.....	2
2.1	Overview	2
2.2	Key Updates to the Summary-level Supplemental Benefit File Layout	3
2.3	Guidelines for Populating the Summary-level Supplemental Benefit File	3
2.3.1	Examples for Populating the Summary-level Supplemental Benefit File Layout7	
2.3.2	Data Quality Checks and Validations.....	9
3	Beneficiary Level Focus Area Supplemental Benefit File Layout.....	10
3.1	Overview	10
3.2	Key Updates to Beneficiary-level Focus Area Supplemental Benefit File Layout.....	11
3.3	Guidelines for Populating the Beneficiary-level Focus Area Supplemental Benefit File11	
3.3.1	Examples for Populating the Beneficiary-level Focus Area Supplemental Benefit File Layout	14
3.3.2	Data Quality Checks and Validations.....	16

1 INTRODUCTION

This appendix describes the technical specifications for mandatory annual reporting of **Summary-level Supplemental Benefits data** and mandatory annual reporting of **Beneficiary-level Focus Area Supplemental Benefits data** for MAOs participating in the CY 2024 VBID Model. This data collection is expected to provide the Centers for Medicare and Medicaid Services (CMS) with insights into the utilization and value of supplemental benefits offered through the Value-Based Insurance Design (VBID) Flexibilities (Flex) component.

MAOs that offer a VBID Flex focus area supplemental benefit in CY 2024 but did not participate in any VBID-General¹ Component in CY 2023 must submit **Beneficiary-level Data on VBID Flex Focus Area Supplemental Benefits**, covering the cumulative performance period of January 1 – June 30, 2024, via the CMMI Portal for the Test Data Submission Period of July 1- 31, 2024. This is in addition to the requirement for all CY 2024 MAOs offering a VBID Flex focus area supplemental benefit to submit the annual **Beneficiary-level Data on VBID Flex Focus Area Supplemental Benefits** covering the cumulative performance period of January 1 – December 31, 2024 via the CMMI portal during the annual report submission period of March 1- 31, 2025. For **Summary-level Supplemental Benefits data**, however, there are no requirements for submissions during the Test Data Submission period for any CY 2024 VBID-participating MAO; only cumulative annual submissions are expected from CY 2024 MAOs offering applicable VBID Flex Supplemental Benefits via the CMMI portal.

Section 2 of this appendix includes guidance for “Appendix 6: CY 2024 VBID Summary Level Flex Supplemental Benefit File Layout” and Section 3 includes guidance for “Appendix 3: CY 2024 VBID Beneficiary Level Focus Area Supplemental Benefit File Layout”.

2 SUMMARY LEVEL SUPPLEMENTAL BENEFIT FILE LAYOUT

2.1 Overview

For the purpose of CY 2024 Summary-level VBID Supplemental Benefits Data reporting and section 2 of this appendix, “VBID Flex supplemental benefits” refer to all supplemental benefits that are offered through the VBID Flexibilities (Flex) component, with the exception of cost sharing reductions on original Part C (i.e. original Parts A/B equivalent) services and Part D services. Examples of supplemental benefits include food and groceries allowances, fitness benefits, Over the Counter (OTC) allowances, transportation assistance, etc.

All Medicare Advantage Organizations (MAOs) offering such VBID Flex supplemental benefits in CY 2024 must use the updated file layout provided in Appendix 6 of the 2024 Monitoring Guidelines. First, utilizing this file layout, MAOs must compile data covering the **entire CY 2024** for all participating contract-plan-segments offering VBID Flex supplemental benefits. Then, MAOs must submit their compiled data in a single file **between March 1, 2025 and March 31, 2025** via the “Other” option in the CMMI Portal.

¹ VBID-General components refer to VBID Flex (including New Tech) and RI components

MAOs must reference their MAO-specific VBID Benefit Crosswalk, to be delivered to MAOs around Q4 2023, to populate the Summary-level Supplemental Benefits file. By utilizing their VBID Benefit Crosswalk, each MAO will ensure submitted data are in accordance with CMS's expectations.

2.2 Key Updates to the Summary-level Supplemental Benefit File Layout

The finalized Summary-level Supplemental Benefit File Layout (Appendix 6) contains the following key changes from the CY 2023 Summary-level Supplemental Benefit File Layout that was released in February 2023:

- The **Incurred Claims** and **Value-Based Payments** fields have been removed and replaced with the **Total Amount Spent by the Plan to Offer the Benefit**, **Payment Arrangement Used to Implement the Supplemental Benefit**, and **Benefit Cost Accounting** fields.
- The **Maximum Utilizer** field has been removed.
- The **Median Number of Utilization Among Targeted Enrollees Who Utilized the Benefit at Least Once** field has been added.
- The **Related Parties** field has been added. This new field gathers additional information on the **Vendors/CBOs** field.
- If your organization has multiple PBP-segments in the same PBP and they all offer the same benefit, your organization can aggregate the reporting of these PBP-segments. To do this, under the "SEGMENT_ID" column, populate the field with "All". This will indicate that all data from the relevant PBP-segments are included in the row.

2.3 Guidelines for Populating the Summary-level Supplemental Benefit File

The Summary-level Supplemental Benefit File Layout will be populated by your organization using two sources. First, the columns "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", "Supplemental_Benefit_Category", "Benefit_Package_ID" and "Notes" will be populated utilizing your organization's MAO-specific CY 2024 VBID Benefit Crosswalk. Your MAO will then proceed to populate the rest of the Summary-level File layout using your MAO's internal data on the provision and utilization of VBID Flex supplemental benefits that occurred in CY 2024, and submit the completed file by March 31, 2025.

Elements to be Populated Utilizing Your MAO's CY 2024 VBID Benefit Crosswalk:

- **Contract_ID, Plan_Based_Plan_Number and Segment_ID:** MAOs can reference their finalized 2024 VBID Benefit Crosswalk to identify all contract-plan-segments that are offering VBID Flex supplemental benefits and thus should be reported within the Summary-level Supplemental Benefits File. If a contract-plan-segment is offering such supplemental benefit(s), the "Crosswalk" tab of your MAO-specific VBID Benefit Crosswalk file will include Supplemental Benefit category information within the columns, "Supplemental Benefit Category Name" and "Supplemental Benefit Category Code". If a contract-plan-segment is not offering such supplemental benefit(s), the columns, "Supplemental Benefit Category Name" and "Supplemental Benefit Category Code" will be populated exclusively with "N/A".

- **Supplemental_Benefit_Category code and Benefit_Package_ID:** The relevant Benefit Package ID(s) and Supplemental Benefit Category Code(s) that should be entered in your Summary-level Supplemental Benefits File for each contract-plan-segment are also provided for reference in the “Crosswalk” tab of the MAO-specific VBIID Benefit Crosswalk file. Each of your MAO’s VBIID Flex supplemental benefits (represented with a Supplemental Benefit Category code) is mapped to a Benefit Package ID, which represents supplemental and/or non-supplemental benefits with a common beneficiary targeting criteria. If a contract-plan-segment has multiple Benefit Package IDs and Supplemental Benefit Category codes in your VBIID Benefit Crosswalk, you should include multiple rows in your Summary-level Supplemental Benefits File, with each row representing a unique combination of Benefit Package ID and Supplemental Benefit Category code for a given contract-plan-segment.
- **Notes:** If your MAO’s VBIID Benefit Crosswalk includes the Supplemental Benefit Category “Other” (with Supplemental Benefit Category Code “0”) to report data on one or more of your VBIID Flex supplemental benefits in 2024, your MAO must utilize the “Notes” field to provide clarification on what the “Other” supplemental category represents, and as specified in your organization’s MAO-specific VBIID Benefit Crosswalk. Additionally, the “Notes” column of the Summary-level Supplemental Benefit File Layout provides your MAO with the opportunity to disclose any information not captured by other elements in the file about your MAO’s supplemental benefit utilization.

Elements to be Populated Using Your MAO’s Internal Data (at the end of CY 2024):

- **Unit_Type and Total_Benefit_Utilization:** The “Unit_Type” field indicates the unit with which your MAO will report “Total Benefit Utilization” for a given “Supplemental Benefit Category”. A unit type must be selected for each Supplemental Benefit Category that each of your contract-plan-segment(s) offers. Please note that your MAO must select a unit type for each of your supplemental benefits from the “Unit Type” column in the “Supplemental Benefit Categories” tab of Appendix 6 of the Monitoring Guidelines. For some Supplemental Benefit Categories, you will also notice multiple unit type choice options. For example, for “Transportation Services: Any Health-related Location” with Supplemental Benefit [Category] Value of “1”, MAOs have the option of reporting unit type either as number of “one-way trips” or as “dollars” spent by beneficiaries on the transportation service, as indicated in the corresponding “Unit Type” and “Data Element Description Columns”. For such Supplemental Benefit Categories with multiple unit type options, CMS has also ranked each unit type according to preference, under the “Unit Type Ranking” column, with a ranking of “1” indicating the most preferred unit type for reporting on a given Supplemental Benefit Category, and a ranking of “2” and “3” indicating less preferred unit type options. Your MAO should report using the preferred unit type (ranked “1”) to the extent possible, or otherwise select the other unit type options as available for a given Supplemental Benefit Category. Each organization is only required to report on one unit type for each combination of Benefit Package ID and Supplemental Benefit Category code for a given contract-plan-segment. For supplemental benefit categories with unit types labeled as “N/A”, the “Unit Type” column still needs to be populated, but CMS does not have a preferred unit type. For these supplemental benefit categories, your MAO may use whatever unit type you see fit. In such cases, your MAO should add a description of the unit type in the “Notes” field. Further guidance on unit types is also included within the “Data Element Description”, “Additional Clarification”, and “Notes” columns of the “Supplemental Benefit Categories” tab.

- For instance, if an MAO selected the preferred unit type “One Way Trips” to report on the benefit “Transportation Services: Any Health-related Location” for the contract-plan-segment “H0001-123-001”, and reported “2,000” under “Total_Benefit_Utilization”, then CMS will interpret that 2,000 one-way health-related trips were utilized by beneficiaries in total in the contract-plan-segment “H0001-123-001.”

If the unit type options do not reflect how your MAO tracks utilization, please notify CMS and provide a recommended alternative (at VBID@cms.hhs.gov and MAVBIDhelpdesk@acumenllc.com).

- **Total_Num_Benes_Utilizing:** The columns “Total_Num_Benes_Utilizing” of the Supplemental Benefit File Layout will capture the utilization of each supplemental benefit category corresponding to a given Benefit Package ID on a contract-plan-segment level. Under “Total Num_Benes_Utilizing”, MAOs should report the total number of all targeted beneficiaries who utilized the benefit one or more times in the Model year, regardless of whether they used the maximum amount of the benefit allotted to them.
- **Median Number of Utilization Among Targeted Enrollees who Utilized the Benefit at Least Once:** This field captures the median units of utilization of each supplemental benefit among targeted enrollees who utilized the supplemental benefit at least once. Enrollees who were targeted to receive the supplemental benefit, but did not utilize the supplemental benefit at least once should not be included in this median calculation.
- **Total Amount Spent by the Plan to Offer the Benefit:** The total amount spent by the plan to offer the benefit will capture the total dollar amount this PBP spent to offer each VBID Flex supplemental benefit. This includes both fee-for-service payments as well as value-based payments (e.g., per member per month). The total amount spent would be for VBID Flex supplemental benefits provided directly to plan enrollees for each combination of Benefit Package ID and Supplemental Benefit Category for a given contract-plan-segment in the Summary level Supplemental Benefit file. Do not include any non-benefit or administrative expenses. If you think that administrative expenses are essential to understanding the cost of this supplemental benefit, include those details in the “Benefit Cost Accounting” field, but not in the “Total Amount Spent by the Plan to Offer the Benefit” field.
- **Payment Arrangement Used to Implement the Supplemental Benefit:** The type of payment arrangement this PBP used to implement the specified supplemental benefit. The plan may select one of the categories provided in the Payments and Providers section of the [2024 Part C Reporting Requirements](#) by entering a number 1-5 corresponding to the categories below:
 - **1:** Fee-for-service with no link to quality arrangement to include all arrangements where payments are based on volume of services and not linked to quality or efficiency.
 - **2:** Fee-for-service with a link to quality to include all arrangements where at least a portion of payments vary based on the quality or efficiency of health care delivery including hospital value-based purchasing and physician value-based modifiers.

- **3:** Alternative payment models built on fee-for-service architecture to include all arrangements where some payment is linked to the effective management of a population or an episode of care. Payments are still triggered by delivery of services, but there are opportunities for shared savings or 2-sided risk.
- **4:** Population-based payment arrangements to include some payment not directly triggered by service delivery so volume is not linked to payment. Under these arrangements, clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., greater than a year).
- **5:** Other payment arrangement that is not described well by categories 1-4. If selecting this option, you must provide further details on your plan's payment arrangement in the benefit cost accounting field.
- **Benefit Cost Accounting:** This field is for your plan to explain how it accounts for the cost of the benefit. This can include what, if any, administrative costs, delivery costs, or any other costs are attributed to the VBID benefit. Any free-text description that gives CMS better insight on how your plan accounts for costs is welcome in this field.
- **Vendor_CBO:** The name of any and all vendors, CBOs, providers, contractors, or other entities (internal or external) which your MAO contracted out with directly² to provide a given supplemental benefit on behalf of your MAO should be listed in the "Vendor_CBO" column of the Summary-Level Supplemental Benefit File Layout. If your MAO contracted with multiple vendors, CBOs, providers, contractors, or other entities (internal or external), the name of each should be reported and separated by a comma. If your MAO does not directly contract with any vendor, CBO, provider, contractor, or other entity, please put a "N/A" for this field.
- **Related Parties:** If any of the contracted vendors, CBOs, or providers that were specified in the "Vendor_CBO" field are a related party, indicate that in the "Related Parties" field by writing the contracted party's name in this field followed by a description of the nature of the relationship. Related parties are defined in the Instructions for Completing the Medicare Advantage Bid Pricing Tool for Contract Year 2024 (OMB # 0938-0944), as an entity that has a different tax identification number than that of the MAO but is associated with the MAO by any form of common, privately held ownership, control, or investment, including any arrangement in which the MAO does business with a related party through one or more unrelated parties.
 - Any entity entered into the "Related Parties" field must also be in the "Vendor_CBO" field.
 - If there are multiple entities from the "Vendor_CBO" field that are classified as a related party, separate each entity with a semicolon.
 - See Table B for an example on how to fill out this column.

² MAOs should not list any vendors or CBOs which have been subcontracted to a vendor or CBO (which your MAO did not contract with directly).

2.3.1 Examples for Populating the Summary-level Supplemental Benefit File Layout

To illustrate this guidance, below is a mock example of a MAO-Specific VBID Benefit Crosswalk used to populate the corresponding mock Summary-level Supplemental Benefit File Layout:

Table A: Mock Example MAO-Specific VBID Benefit Crosswalk Excerpt

Parent Organization	Contract	PBP	Segment	Benefit Code ("Benefit_Pack age_ID")	Supplemental Benefit Category Name	Supplemental Benefit Category Code ("Supplemental_Benefit_Category")
World's Best PO	H0001	123	001	V5550101	-Transportation Services; Any Health-related location	-1
					-Acupuncture; Number of Treatments	-2
				V5550201	-OTC Items	-3
World's Best PO	H0002	123	002	V5550102	-Other (Device)	-0
					-Food and Produce	-19

Table B: Corresponding Mock Example Summary-level Supplemental Benefit File Layout Excerpt

Contract	PBP	Segment	Supplemental Benefit Category Code ("SUPPLEMENTAL_BENEFIT_CATEGORY")	Benefit Code	Unit Type	Tot. Benefit Util.	Tot. Num. Benef. Util.	Median Utilization	Total Amount Spent	Payment Arrangement	Benefit Cost Accounting	Vendor/CBO	Related Parties	Notes
H0001	123	001	1	V5550101	One Way Trips	8,000	200	5	20,000	1		Vendors Inc.; CBO Name	Vendors Inc.-MAO invests in Vendors Inc.; CBO Name-MAO has a controlling interest in CBO Name	

Contract	PBP	Segment	Supplemental Benefit Category Code ("SUPPLEMENTAL_BENEFIT_CATEGORY")	Benefit Code	Unit Type	Tot. Benefit Util.	Tot. Num. Benes Util.	Median Utilization	Total Amount Spent	Payment Arrangement	Benefit Cost Accounting	Vendor/CBO	Related Parties	Notes
H0001	123	001	2	V5550101	Visits	500	250	2	15,000	2	Includes a link to quality and quality is described as xyz.	Your Favorite CBO		
H0001	123	001	3	V5550201	Dollars	10,000	225	4.8	30,000	2		Your Favorite Vendor		
H0002	123	002	0	V5550102	Devices	50	50	1	3,500	1	Includes administrative costs. Administrative costs include xyz.	Vendors Corp.	Vendors Corp.-MAO owns Vendors Corp.	Other=Device
H0002	123	002	19	V5550102	Dollars	900,000	2,000	450	750,000	5	Payment arrangement is xyz.	Your Favorite Vendor		

2.3.2 Data Quality Checks and Validations

Once your MAO's Summary-level Supplemental Benefits data for CY 2024 has been compiled, please ensure your MAO has performed the following checks, in addition to other internal validations, before submitting the data to CMS to ensure accuracy and alignment with expectations. Otherwise, your MAO may be asked to make corrections and resubmit data.

- Each reported "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", "Supplemental_Benefit_Category", and "Benefit_Package_ID" combination in your Summary-level Supplemental Benefits file is found within your MAO's Benefit Crosswalk.
- Each "Supplemental_Benefit_Category" in the crosswalk is reported in the Summary-level Supplemental Benefit File (and not just focus area categories).
- Each "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" reported in the Summary-level Supplemental Benefits file (Appendix 5) is also reported within your final cumulative 2024 Beneficiary-Level VBID Flex Targeting file ('VBID Flex' tab, Appendix 2). This is because, among other VBID Flex benefits, your Beneficiary-Level VBID Flex Targeting file must include targeting and any applicable eligibility information for all contract-plan-segments providing VBID Flex supplemental benefits, including supplemental benefits required to be reported on in the Summary-level Supplemental Benefits file. For example, if the combination of the benefit code "V5550001" and the contract-plan-segment "H0001-123-001" was reported in the MAO's Summary-level Supplemental Benefit file, this contract-plan-segment and Benefit Package ID combination will also be expected in your final cumulative 2024 Beneficiary-Level VBID Flex Targeting file. However, not all "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" reported in the VBID Flex tab of Appendix 2 needs to be reported in Appendix 5. This is because Appendix 5 does not include supplemental benefits with cost sharing reductions on original Part C (i.e. original Parts A/B equivalent) services, or Part D benefits.
- There are no duplicate rows for "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", "Supplemental_Benefit_Category", and "Benefit_Package_ID" combinations reported within your Summary-level Supplemental Benefits file.
- If a supplemental benefit was not utilized by any targeted beneficiary, report utilization as "0", and do not omit the supplemental benefit from the report.
- The number of beneficiaries reported under "Total_Num_Benes_Utilizing" for each "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" combination cannot exceed the number of targeted beneficiaries reported in your final cumulative 2024 beneficiary-level VBID Flex Targeting file ('VBID Flex' tab, Appendix 2) for that particular contract-plan-segment and benefit code. In other words, for each Supplemental Benefit Category code under a particular contract-plan-benefit package combination, the number of utilizers shall not exceed the number of targeted beneficiaries. See example below.
 - In World's Best PO's beneficiary-level VBID Flex file, there are 15,000 targeted beneficiaries under benefit code "V5550001" for contract-plan-segment "H0001-123-001".
 - In World's Best PO Summary-Level Supplemental Benefit Data file, for benefit code "V5550001" and contract-plan-segment "H0001-123-001", we expect to see 15,000 or fewer beneficiaries reported in the "Total_Num_Benes_Utilizing" field for any of the corresponding Supplemental Benefit Categories.

- The average amount utilized by each utilizer is reasonable for the Model year, given what your MAO offers. See example below.
 - World's Best PO offers a supplemental benefit of 20 one-way trips each year to its targeted beneficiaries for benefit code "V5550001" for contract-plan-segment "H0001-123-001".
 - If there are a total 350,000 one-way trips reported under "Total_Benefit_Utilization" and 14,000 utilizers reported under "Total_Num_Benes_Utilizing", dividing these two fields gives us an average of 25 one-way trips per utilizer.
 - Because an average of 25 one-way trips for the model year is larger than the 20 one-way trips provided by the MAO to each beneficiary, in this example, this PO is not reporting a reasonable amount of utilization for their transportation benefit.
- Beneficiary-level data on focus area supplemental benefits that is reported in Appendix 3 should reflect the summary-level data on these focus area supplemental benefits in Appendix 5 (e.g. the number of utilizers in Appendix 5 should match the count of beneficiaries reported as utilizers in Appendix 3 for the same focus area Supplemental Benefit Category codes for the same combination of "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID").
- If your MAO offers a supplemental benefit category under the Supplemental Benefit Category "Other", check that the "Notes" field was utilized to clarify what the supplemental benefit category is.

3 BENEFICIARY LEVEL FOCUS AREA SUPPLEMENTAL BENEFIT FILE LAYOUT

3.1 Overview

For the purpose of CY 2024 Beneficiary level VBID Flex Focus Area Supplemental Benefits Data reporting, "Focus Area" refers to the focus areas identified by CMMI which are food and nutrition, transportation, and housing and general supports for living. The following supplemental benefit categories are considered focus area¹ supplemental benefits:

- Transportation (1)
- Meal Benefit (4)
- Food and Produce (19)
- Meals (beyond limited basis) (20)
- Pest Control (21)
- Transportation for Non-Medical Needs (22)
- Indoor Air Quality Equipment and Services (24)
- Structural Home Modifications (28)
- General Supports for Living (29)
- Nutritional/Dietary Benefit (33)
- Home and Bathroom Safety Devices and Modifications (39)
- In-Home Safety Assessment (41)
- Other (0)

All MAOs offering VBID Flex supplemental benefits in CY 2024 in these focus areas must use the file layout provided in Appendix 3 of the 2024 Monitoring Guidelines. First, utilizing this file layout, MAOs

¹ In CY 2024, OTC supplemental benefits are not considered focus area supplemental benefits.

must compile data covering the **entire CY 2024** for each enrollee in a participating contract-PBP-segment that is targeted to receive a focus area benefit. If an enrollee is targeted to receive supplemental benefits in multiple focus area categories, then that enrollee must have multiple rows, with one for each focus area category that the enrollee is targeted for. If an enrollee is targeted to receive a Focus Area supplemental benefit combined with a non-Focus area supplemental benefit (e.g. a OTC and food card combined), only reporting on the focus area component is expected in Appendix 3 reporting.

MAOs offering a Focus Area VBID Flex supplemental benefit in CY 2024 must submit their compiled data, covering the January 1 – December 31, 2024 performance period, in a single cumulative annual Beneficiary-level Focus Area Supplemental Benefit File during the **annual data reporting submission period of March 1-31, 2025 via the CMMI Portal.**

MAOs offering a Focus Area VBID Flex supplemental benefit in CY 2024 but not participating in any VBID Component in CY 2023 must also submit Beneficiary-Level Data on VBID Flex Focus Area Supplemental Benefits via the CMMI Portal, covering the January 1- June 30, 2024 performance period for the **Test Data Submission Period of July 1- 31, 2024.**

3.2 Key Updates to Beneficiary-level Focus Area Supplemental Benefit File Layout

The CY 2024 Beneficiary-level Focus Area Supplemental Benefit File Layout (Appendix 3) contains no key changes from the CY 2023 Beneficiary-level HEIP Supplemental Benefit File Layout. The only change to note is the name change of the file.

3.3 Guidelines for Populating the Beneficiary-level Focus Area Supplemental Benefit File

The Beneficiary-level Focus Area Supplemental Benefit File Layout will be populated using mainly your MAO's internal data on the provision and utilization of VBID Flex focus area supplemental benefits that occurred in CY 2024. Your MAO may reference your organization's MAO-specific CY 2024 VBID Benefit Crosswalk to see which contract-PBP-segments offer a focus area benefit by looking at the column titled "Focus Area Supplemental Benefit Category Code"

Elements to be Populated Utilizing Your MAO's CY 2024 VBID Benefit Crosswalk:

- **Contract_ID, Plan_Based_Plan_Number and Segment_ID:** MAOs can reference their finalized 2024 VBID Benefit Crosswalk to identify all contract-plan-segments that are offering VBID Flex focus area supplemental benefits and thus should be reported within the Beneficiary-level Focus Area Supplemental Benefits File. If a contract-plan-segment is offering such supplemental benefit(s), the "Crosswalk" tab of your MAO-specific VBID Benefit Crosswalk file will include focus area Supplemental Benefit category information within the column "Focus Area

Supplemental Benefit Category Code”. If a contract-plan-segment is not offering such supplemental benefit(s), the column “Focus Area Supplemental Benefit Category Code” will be populated exclusively with “N/A”.

- **Supplemental_Benefit_Category code and Benefit_Package_ID:** Each enrollee that is targeted to receive a focus area supplemental benefit must include the relevant Benefit Package ID(s) and Supplemental Benefit Category Code(s) that corresponds to the focus area supplemental benefit that the enrollee is targeted for. These Benefit Package ID(s) and Focus Area Supplemental Benefit Category Code(s) are included in the “Crosswalk” tab of the MAO-specific VBID Benefit Crosswalk file. There is a column titled “Focus Area Supplemental Benefit Category Code” that specifies which category codes are focus area supplemental benefits. “Each row should represent an enrollee’s utilization of a specific focus area supplemental benefit. If an enrollee is targeted to receive multiple focus area supplemental benefits, then that enrollee should have a unique row for each focus area supplemental benefit.
- **Notes:** If your MAO’s VBID Benefit Crosswalk includes the Supplemental Benefit Category “Other” (with Focus Area Supplemental Benefit Category Code “0”) to report data on one or more of your VBID Flex focus area supplemental benefits in 2024, your MAO must utilize the “Notes” field to provide clarification on what the “Other” supplemental category represents, and as specified in your organization’s MAO-specific VBID Benefit Crosswalk. Additionally, the “Notes” column of the Beneficiary-level Supplemental Benefit File Layout provides your MAO with the opportunity to disclose any information not captured by other elements in the file about your MAO’s supplemental benefit utilization.

Elements to be Populated Using Your MAO’s Internal Data (at the end of CY 2024):

- **Unit_Type:** The “Unit_Type” field indicates the unit with which your MAO will report “Total Benefit Utilization” for a given “Focus Area Supplemental Benefit Category”. A unit type must be selected for each Supplemental Benefit Category that each of your contract-plan-segment(s) offers. Please note that your MAO must select a unit type for each of your focus area supplemental benefits from the “Unit Type” column in the “Supplemental Benefit Categories” tab of Appendix 3 of the Monitoring Guidelines. For some Supplemental Benefit Categories, you will also notice multiple unit type choice options. For example, for “Transportation Services: Any Health-related Location” with Supplemental Benefit [Category] Value of “1”, MAOs have the option of reporting unit type either as number of “one-way trips” or as “dollars” spent by beneficiaries on the transportation service, as indicated in the corresponding “Unit Type” and “Data Element Description Columns”. For such Supplemental Benefit Categories with multiple unit type options, CMS has also ranked each unit type according to preference, under the “Unit Type Ranking” column, with a ranking of “1” indicating the most preferred unit type for reporting on a given Supplemental Benefit Category, and a ranking of “2” and “3” indicating less preferred unit type options. Your MAO should report using the preferred unit type (ranked “1”) to the extent possible, or otherwise select the other unit type options as available for a given Supplemental Benefit Category. Each organization is only required to report on one unit type for each combination of Benefit Package ID and Supplemental Benefit Category code for a given contract-plan-segment. For supplemental benefit categories with unit types labeled as “N/A”, the “Unit Type” column still needs to be populated, but CMS does not have a preferred unit

type. For these supplemental benefit categories, your MAO may use whatever unit type you see fit. In such cases, your MAO should add a description of the unit type in the “Notes” field. Further guidance on unit types is also included within the “Data Element Description”, “Additional Clarification”, and “Notes” columns of the “Supplemental Benefit Categories” tab of Appendix 3, Beneficiary-level Focus Area Supplemental File layout.

- For instance, if an MAO selected the preferred unit type “One Way Trips” to report on the benefit “Transportation Services: Any Health-related Location” for the contract-plan-segment “H0001-123-001”, and reported “2,000” under “Total_Benefit_Utilization”, then CMS will interpret that 2,000 one-way health-related trips were utilized by beneficiaries in total in the contract-plan-segment “H0001-123-001.”

If the unit type options do not reflect how your MAO tracks utilization, please notify CMS and provide a recommended alternative (at VBID@cms.hhs.gov and MAVBIDhelpdesk@acumenllc.com).

- **Total_Benefit_Utilization:** The number entered for “Total Benefit Utilization” is the total number of units (specified in “Unit Type”) that the specified beneficiary used during the year. If a beneficiary did not utilize the specified supplemental benefit during the year, mark their total benefit utilization as “0”.

3.3.1 Examples for Populating the Beneficiary-level Focus Area Supplemental Benefit File Layout

To illustrate this guidance, below is a mock example of a MAO-Specific VBID Benefit Crosswalk used to populate the corresponding mock Summary-level Supplemental Benefit File Layout:

Table C: Mock Example MAO-Specific VBID Benefit Crosswalk Excerpt

Parent Organization	Contract	PBP	Segment	Benefit Code ("Benefit_Package_ID")	Supplemental Benefit Category Name	Supplemental Benefit Category Code ("Supplemental_Benefit_Category")	Focus Area Supplemental Benefits Category Code
World's Best PO	H0001	123	001	V5550101	-Transportation Services; Any Health-related location	-1	-1
					-OTC Items	-3	
					-Food and Produce	-19	-19
World's Best PO	H0001	123	001	V5550202	-Home and Bathroom Safety Devices and Modifications	-39	-39

Table D: Corresponding Mock Example Beneficiary-level Focus Area Supplemental Benefit File Layout Excerpt

Row Number	BENEFICIARY_ID	LAST_NAME	FIRST_NAME	MIDDLE_NAME	CONTRACT_ID	PLAN_BASED_PLAN_NUMBER	SEGMENT_ID	BENEFIT_PACKAGE_ID	SUPPLEMENTAL_BENEFIT_CATEGORY	UNIT_TYPE	TOTAL_BENEFIT_UTILIZATION	NOTES
1	9LV7N44PC71	Doe	John	J	H0001	123	001	V5550101	1	Rides	2	
2	9LV7N44PC71	Doe	John	J	H0001	123	001	V5550101	19	Dollars	320	
3	9LV7N44PC71	Doe	John	J	H0001	123	001	V5550202	39	Visits	1	
4	9LV7N55PC72	Doe	Jane	D	H0001	123	001	V5550101	1	Rides	0	
5	9LV7N55PC72	Doe	Jane	D	H0001	123	001	V5550101	19	Dollars	10	

Things to note in this example:

- Although Benefit Code V5550101 includes OTC items (supplemental benefit code #3), OTC items do not need to be reported in Beneficiary-level Focus Area Supplemental Benefit reporting because it does not fit into one of the focus areas (food, transportation, or general supports for living)
- If your organization has a PBP-segment with multiple benefit codes associated within it, a beneficiary in that PBP may fit the targeting criteria for some, all, or none of the benefit codes that are included in the PBP-segment. In this example, John Doe fits the targeting criteria for both benefit codes while Jane Doe only fits the targeting criteria for one benefit code. Because of this, data for John Doe must include both benefit codes V5550101 and V5550202 (rows 1-3), while data for Jane Doe only needs to include her utilization for benefit code V5550101 (rows 4-5).
- If a beneficiary fits the targeting criteria for a benefit code that includes multiple Focus Area Supplemental Benefits, like V5550101, then a separate row must be created for each Supplemental Benefit Category within that benefit code, even if the beneficiary did not use one of the Supplemental Benefit Categories included in that benefit code. See row 4 in Table D for an example of this.

3.3.2 Data Quality Checks and Validations

Once your MAO's Beneficiary-level Focus Area Supplemental Benefits data for CY 2024 has been compiled, please ensure your MAO has performed the following checks, in addition to other internal validations, before submitting the data to CMS to ensure accuracy and alignment with expectations. Otherwise, your MAO may be asked to make corrections and resubmit data.

- Each reported "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", "Supplemental_Benefit_Category", and "Benefit_Package_ID" combination in your Beneficiary-level Focus Area Supplemental Benefits file is found within your MAO's Benefit Crosswalk.
- The benefit categories included in your Beneficiary-level Focus Area Supplemental Benefits file is found in the list of focus area supplemental benefits outlined in section 3.1.
- Each "Beneficiary_ID", "Last_Name", "First_Name", Middle Name, "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" reported in the Beneficiary-level Focus Area Supplemental Benefits file (Appendix 3) is also reported within your final cumulative 2024 beneficiary-level VBID Flex Targeting file (Appendix 2, 'VBID Flex' tab). This is because, among other VBID Flex benefits, your VBID Flex Targeting file must include targeting and any applicable eligibility information for all beneficiaries in your contract-plan-segments providing VBID Flex supplemental benefits, including focus area supplemental benefits required to be reported on in the Beneficiary-level Focus Area Supplemental Benefits file. For example, if the combination of a beneficiary's identification information, PBP information, and benefit code information were reported in the MAO's Beneficiary-level Focus Area Supplemental Benefit file, this combination must also be seen in your final cumulative 2024 beneficiary-level VBID Flex Targeting file. However, not all "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" combinations reported in Appendix 2 ('VBID Flex' tab) need to be reported in Appendix 3. This is because Appendix 3 does not include supplemental benefits outside of the focus areas of food, transportation, and general supports for living.
- Beneficiaries who did not utilize a supplemental benefit for which they were targeted should have their utilization reported as "0" rather than be omitted from this report.
- There are no duplicate rows for combinations of "Beneficiary_ID", "Last_Name", "First_Name", Middle Name, "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", "Supplemental_Benefit_Category", and "Benefit_Package_ID" reported within your Beneficiary-level Focus Area Supplemental Benefits file. Each beneficiary can have multiple rows for multiple Supplemental Benefit Categories but each beneficiary must only have one row per Supplemental Benefit Category.
- The amount utilized by each beneficiary is reasonable for the Model year, given what your MAO offers. See example below.
 - A focus area supplemental benefit includes \$100 per month for food and produce as documented in the MAO's CY 2024 VBID Benefit Crosswalk. A beneficiary being reported as utilizing over \$1,200 in Appendix 3 should not be possible because \$1,200 should be the maximum amount that beneficiary is eligible for in the year.
 - A beneficiary became targeted for a \$100 per month food benefit in September. This beneficiary should not have utilization over \$400 reported.
 - A benefit code with only one focus area supplemental benefit included in it is reported as targeting 2,000 enrollees in your organization's cumulative 2024 beneficiary-level VBID Flex Targeting file (Appendix 2). There should be exactly 2,000 total separate rows with the same benefit code (i.e. Benefit_Package_ID) in your organization's Beneficiary-

level Focus Area Supplemental Benefits file. If this benefit code had two focus area supplemental benefits included in it, then there should be exactly 4,000 total separate rows with the same benefit code in your organization's Beneficiary-level Focus Area Supplemental Benefits file, with two per beneficiary targeted.

- A benefit code includes a focus area supplemental benefit of \$100 monthly flex-card that can be utilized on food, transportation, and utilities. This means that the annual cumulative total utilization reported for these three categories should not be over \$1,200 per beneficiary. A beneficiary may only use \$100 per month across the three supplemental benefit categories (i.e. food, transportation, utilities), or up to \$1,200 annually across the three supplemental benefit categories.