

Appendix 6: Calendar Year (CY) 2023 VBID Technical Specifications for Summary-Level Supplemental Benefit File Layout

This appendix describes the technical specifications for mandatory annual reporting of Summary-level Supplemental Benefits data. 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.

As a reminder, Summary-Level Supplemental Benefits data reporting is mandatory, while Beneficiary-Level Health Equity Incubation Program (HEIP) Supplemental Benefits data reporting is optional and uses a different file layout (Appendix 5), schedule (biannual) and reporting method (via the Center for Medicare and Medicaid Innovation (CMMI) portal). For more information on Beneficiary-Level HEIP Supplemental Benefits Data, please see page 9 and Appendix 5 of the CY 2023 VBID Monitoring Guidelines. Additional guidance on Beneficiary-Level HEIP Supplemental Benefits data reporting will be included in forthcoming CMMI portal reporting training materials (to be released in spring 2023).

Overview

For the purpose of CY 2023 Summary-level VBID Supplemental Benefits Data reporting and this appendix, “VBID Flex supplemental benefits” refer to all primarily and non-primarily health related supplemental benefits that are offered through the VBID Flexibilities (Flex) component, with the exception of cost sharing reductions on original Medicare Parts A/B or Part D benefits. Examples of supplemental benefits include allowances for food and groceries, over-the-counter (OTC) medications, transportation, utilities, etc.

All Medicare Advantage Organizations (MAOs) offering such VBID Flex supplemental benefits in CY 2023 must use the updated file layout provided in Appendix 4 of the 2023 Monitoring Guidelines. First, utilizing this file layout, MAOs must compile data covering the **entire CY 2023** for all participating contract-PBP-segments offering VBID Flex supplemental benefits. Then, MAOs must submit their compiled data in a single file **between March 1, 2024 and March 31, 2024** via email to vbld@cms.hhs.gov. When submitting their Summary-level Supplemental Benefit data, MAOs must also copy the Implemental Support Contractor, Acumen, LLC, at MAVBIDhelpdesk@acumenllc.com.

MAOs must reference their MAO-specific VBID Benefit Crosswalk, delivered to MAOs on December 6th, 2022 and confirmed by MAOs between December 2022 and January 2023, to populate the summary-level file. By utilizing their VBID Benefit Crosswalk, each MAO will ensure submitted data are in accordance with CMS’s expectations.

Key Updates to the Summary-level Supplemental Benefit File Layout

The finalized Summary-level Supplemental Benefit File Layout (Appendix 4) contains the following key changes from the preliminary Summary-level Supplemental Benefit File Layout that was released in Fall 2022:

- Reporting has been revised to be collected at the **contract-PBP-segment** level. Accordingly, please see the addition of columns “Contract_ID”, “Plan_Based_Plan_Number” (PBP) and “Segment ID”.
- The “Total_Cost_of_Admin” column has been replaced with “Incurred_Claims” and “Value_Based_Payments” columns to better capture the different types of payment arrangements MAOs may have with their respective contractors or vendors providing the supplemental benefits.

Additional details and guidelines are provided below.

Guidelines for Populating the Summary-level Supplemental Benefit File Layout

The Summary-level Supplemental Benefit File Layout will be populated 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 2023 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 2023, and submit the completed file by March 2024.

Elements to be Populated Utilizing Your MAO’s CY 2023 VBID Benefit Crosswalk:

- **Contract_ID, Plan_Based_Plan_Number and Segment_ID:** MAOs can reference their finalized 2023 VBID Benefit Crosswalk to identify all contract-PBP-segments that are offering VBID Flex supplemental benefits and thus should be reported within the Summary-level Supplemental Benefits File. If a contract-PBP-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-PBP-segment is not offering such supplemental benefits(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-PBP-segment are also provided for reference in the “Crosswalk” tab of the MAO-specific VBID Benefit Crosswalk file. Each of your MAO’s VBID 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-PBP-segment has multiple Benefit Package IDs and Supplemental Benefit Category codes in your VBID 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-PBP-segment.

- **Notes:** If your MAO's VBID Benefit Crosswalk includes the Supplemental Benefit Category "Other" (with Supplemental Benefit Category Code "0") to report data on one or more of your VBID Flex supplemental benefits in 2023, 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 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 2023):

- **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-PBP-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 4 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. 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-PBP-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-PBP-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** and **Total_Number_Max_Utilizers**: The columns “Total Num_Benes_Utilizing” and “Total_Number_Max_Utilizers” of the Supplemental Benefit File Layout will capture the utilization of each Supplemental Benefit corresponding to a given Benefit Package ID on a contract-PBP-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. MAOs should then report the number of all beneficiaries who utilized the maximum amount of the supplemental benefit allotted to them under “Total_Number_Max_Utilizers”.

 - Please note that the total number of benefit utilizers should also include the total number of maximum benefit utilizers. For instance, if a MAO offers a maximum food/produce allowance amount of \$200 a year in 2023, and 25,000 beneficiaries use all \$200, while 75,000 beneficiaries utilize less than \$200, the “Total_Num_Benes_Utilizing” will be 100,000 (25,000 + 75,000) while the Total_Number_Max_Utilizers will be 25,000.
 - For benefits that are administered through a flexible spending card that can be spent on multiple different benefits, report that the beneficiary was a max utilizer if the card was utilized to the maximum limit across any combination of categories. If the flexible spending card is structured such that the flexible spending card’s utilization amounts do not roll over across periods (e.g., if the amount loaded onto a flexible spending card is not spent down in one month, it is not rolled over into the following month), only report the beneficiary as a max-utilizer if the card was utilized to the maximum limit in every period.
 - Whether a beneficiary is considered a max-utilizer is assessed once at the end of the year, based on a determination of whether, in every relevant period, the beneficiary utilized the maximum amount of the supplemental benefit allotted to them.
 - Additionally, if a beneficiary disenrolled from or enrolled into the MAO mid-year, a beneficiary can still be considered a maximum benefit utilizer if the beneficiary used the maximum amount of the benefit allotted to them during the time that they were targeted.
 - For benefits that have no maximum limit, report the amount of the benefit utilized by a beneficiary who is at the 90th percentile of utilization for this benefit. If there is no maximum limit on the specified benefit, please specify this in the “Notes” field.
- **Incurred_Claims** : The incurred claims column will capture fee-for-service payments made as re-imbursement for each VBID Flex supplemental benefit. If your MAO has a fee-for-service payment arrangement with any vendors, Community Based Organizations (CBOs), providers, contractors, or other entities (internal or external) as direct re-imbursement for providing VBID Flex supplemental benefits, without any capitation, quality or risk-based adjustment to the payment, your MAO will report the total payment amount to such entities in the corresponding “Incurred Claims” column. The fee-for-service payment amount would be for VBID Flex supplemental benefits (e.g., clinical services, non-medical services or supplies) provided directly to plan enrollees for each combination of Benefit Package ID and Supplemental Benefit Category for a given

contract-PBP-segment in the Summary-level Supplemental Benefit file. Examples of such fee-for-service payments include those made directly to a contracted vendor for the distribution of food/produce card allowance cards, or a directly contracted transportation service provider that provides trips to health-related locations. If your MAO has not incurred any claims for the benefit, please leave “N/A” in the “Incurred Claims” column.

- **Value_Based_Payments:** The Value Based Payments column will capture the value based payments made for each VBID Flex supplemental benefits. For any vendors, CBOs, providers, contractors, or other entities (internal or external) for which your MAO has a value-based payment arrangement for the provision of VBID Flex supplemental benefits, your MAO will additionally and/or separately, utilize the “Value_Based_Payments” column to report on such value-based payments your MAO made to these entities. The value-based payments would include payments for any supplemental benefits in the form of clinical services, non-medical services, benefits, or supplies plus any realized risk sharing arrangement payments or other vendor fees. The reported “Value Based Payments” field must also include any quality adjustment payments, provider incentive payments and/or capitation payments. If none of the payments your MAO made for a benefit were value-based payments, report N/A for 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 directly¹ 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.

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:

¹ MAOs should not list any vendors or CBOs which have been subtracted to a vendor or CBO (which your MAO did not contract with directly).

Table A: 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")
World's Best PO	H0001	123	001	V5550101	-Transportation Services; Any Health-related location -Acupuncture; Number of Treatments	-1 -2
				V5550201	-OTC Items	-3
				V5550102	-Other (Device) -Food and Produce	-0 -19
World's Best PO	H0002	123	002			

Table B: Corresponding Mock Example Summary-level 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.	Tot. Num. Max Util.	Incurred Claims	Value Based Payments	Notes
H0001	123	001	1	V5550101	One Way Trips	8,000	200	150	20,000	2,000	
H0001	123	001	2	V5550101	Visits	500	250	250	15,000	N/A	
H0001	123	001	3	V5550201	Dollars	10,000	225	100	30,000	N/A	
H0002	123	002	0	V5550102	Devices	50	50	50	3,500	150	Other=Device
H0002	123	002	19	V5550102	Dollars	900,000	2,000	1,900	750,000	N/A	

Data Quality Checks and Validations

Once your MAO's Summary-level Supplemental Benefits data for CY 2023 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 "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Package_ID" reported in the Summary-level Supplemental Benefits file (Appendix 4) is also reported within your final cumulative 2023 beneficiary-level VBID Flex file (Appendix 2). This is because your VBID Flex file must include targeting and

any applicable eligibility information for all contract-PBP-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-PBP-segment “H0001-123-001” was reported in the MAO’s Summary-level Supplemental Benefit file, this contract-PBP-segment and Benefit Package ID combination will also be expected in your final cumulative 2023 beneficiary-level VBID Flex file. However, not all “Contract_ID”, “Plan_Based_Plan_Number”, “Segment_ID”, and “Benefit_Package_ID” reported in Appendix 2 needs to be reported in Appendix 4. This is because Appendix 4 does not include supplemental benefits with cost sharing reductions on Parts A or B benefits (Original Medicare), 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.
- The number of beneficiaries reported under “Total_Number_Max_Utilizers” does not exceed the number of reported beneficiaries under “Total_Num_Benes_Utilizing” within your Summary-level Supplemental Benefits file.
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 2023 beneficiary-level VBID Flex file (Appendix 2) for that particular contract-PBP-segment and benefit code. In other words, for each supplemental benefit category code under a particular contract-PBP-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-PBP-segment “H0001-123-001”.
 - In World's Best PO Summary-Level Supplemental Benefit Data file, for benefit code “V5550001” and contract-PBP-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 20 one-way trips each year to its targeted beneficiaries for benefit code “V5550001” for contract-PBP-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.
- 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.