

CY 2026 PBP Data Entry System Screens

Rx VBID Setup Screen

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Rx Setup - In Progress

Rx Cost Share - In Progress

Rx Tiers - In Progress

Rx Notes - In Progress

Rx Insulin - In Progress

Rx VBID - In Progress

Rx VBID Part D Rewards & Incentives - Completed

Rx VBID Reduction in Cost Sharing - In Progress

Rx VBID

Rx Characteristics

Formulary Tier Model
Preferred Generic, Generic, Preferred Brand, Non-Preferred Drug, Specialty Tier

Are you offering Part D Benefits and/or Part D Rewards and Incentives under the VBID Model? ⓘ *

Yes

No

Do you offer Part D Rewards and Incentives programs through the model? ⓘ *

Yes

No

Does your VBID benefit include Part D reductions in cost? ⓘ *

Yes

No

☒ I attest that *

1. The benefits entered comply with CMS requirements for benefits offered in the MA-VBID Model;

2. The benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the MA-VBID Model, unless otherwise approved by CMS in writing; and

3. The benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

Close

Save and Close

Save and Next

An attestation will be added to this page for Part D Rewards and Incentives:
The Part D Reductions in Cost Attestation will be updated to reflect Rx VBID

CY 2026 PBP Data Entry System Screens

Rx VBID Part D Rewards and Incentives Packages Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Rx Setup - In Progress

Rx VBID - In Progress

Rx VBID Part D Rewards & Incentives - In Progress



Rx VBID Reduction in Cost Sharing - In Progress

Rx VBID Part D Rewards & Incentives

(Maximum of 3 packages)

Rx Characteristics

+ Add New Package

Package ID	Package Name	Part D Reward or Incentive amount	Type of Reward or Incentive	Frequency of Reward or Incentive Eligibility	Actions
1	Package 1	\$50.00	Gift Card, Other	Every three months	 

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Rx VBIID Rewards and Incentives – Add New Package – Page 1

Add New Package

Package Name
Package 1

Type of Part D Reward or Incentive

- ☒ Gift Card
- ☒ Item
- ☒ Other

Describe
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
555/1000 characters

Part D Reward or Incentive amount
\$300

Frequency of Reward or Incentive Eligibility
6 Months

Cancel Save

Close Save and Close

CY 2026 PBP Data Entry System Screens

Rx VPID Rewards and Incentives – Add New Package – Page 2

Add New Package

Frequency of Reward or Incentive Eligibility
6 Months

Eligibility Criteria

- ☒ Disease State Management or Medication Therapy Management
- ☒ Vaccine Administration
- ☒ Other

Eligibility Criteria Notes
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
555/1000 characters

Meeting an Adherence Goal?

Yes No

Describe
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Cancel

Save

Close

Save and Close

Save at

CY 2026 PBP Data Entry System Screens

Rx VBIID Rewards and Incentives – Add New Package – Page 3

Name

Progress

re-Com

Completed

Progress

D Rewards

as

uction in

- Not sta

Reduced

Not star

Add New Package

×

Eligibility Criteria Notes

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Meeting an Adherence Goal?

Yes

No

Describe

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Describe the Disease State Criteria

Lorem Ipsum

Maximum Annual Part D Rewards and Incentives Available

\$20

Cancel

Save

Close

Save and Close

CY 2026 PBP Data Entry System Screens

VBID DS Reduced Cost Sharing – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

^ Rx Setup - Completed

Defined Standard - Locations and Location Supply - Completed

Rx Notes - Completed

DS Insulin Cost Share - Completed

^ Rx VBID - In Progress

Rx VBID Part D Defined Standard Rewards & Incentives - Not Started

VBID DS Reduced Cost Sharing - In Progress

VBID DS Reduced Cost Sharing

Select Target Methodology ⓘ

☒ Chronic Conditions ⓘ

☒ Socioeconomic Status ⓘ *

☒ Area Deprivation Index ⓘ

Disease State - Please choose one or more ⓘ *

Available

Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure (CHF)

Patient with Past Stroke

Hypertension

Mood Disorders

Rheumatoid Arthritis

Dementia

Other CMS-Approved Disease State

Selected

Diabetes

Coronary Artery Disease

Which phase of the benefit will have reduced cost sharing?

☒ Initial Coverage Phase ⓘ

The below Disease State picklist will be updated

The below questions will be added to this screen:
1. Does the enrollee need to have all disease states to qualify?
2. Does the enrollee need to have a combination of diseases selected to qualify?

Rx Characteristics

CY 2026 PBP Data Entry System Screens

VBID DS Reduced Cost Sharing – Page 2

Plan Characteristics - Completed	Which phase of the benefit will have reduced cost sharing?
Standard Bid - Completed	<input checked="" type="checkbox"/> Initial Coverage Phase ⓘ
Benefit Offerings - Completed	
Plan Level Cost Sharing - In Progress	Is any of the cost-sharing reduction contingent upon participation in a wellness or care management program? ⓘ *
Prior Authorization & Referral - In Progress	<input type="button" value="Yes"/> <input type="button" value="No"/>
Visitor Travel - Completed	
Cost Share Groups - In Progress	Are you modifying the deductible amount? ⓘ *
VBID, MA Uniformity, SSBCI - In Progress	<input type="button" value="Yes"/> <input type="button" value="No"/>
^ Rx - In Progress	Is any of the cost-sharing reductions targeted to LIS eligible enrollees? ⓘ *
^ Rx Setup - Completed	<input type="button" value="Yes"/> <input type="button" value="No"/>
Defined Standard - Locations and Location Supply - Completed	Select LIS reduction level: ⓘ
Rx Notes - Completed	<input type="checkbox"/> LIS Level 1
DS Insulin Cost Share - Completed	<input type="checkbox"/> LIS Level 2
^ Rx VBID - In Progress	<input type="checkbox"/> LIS Level 3
Rx VBID Part D Defined Standard Rewards & Incentives - Not Started	<input type="checkbox"/> LIS Level 4
VBID DS Reduced Cost Sharing - In Progress	-OR-
	<input type="checkbox"/> Dual-Eligible Status (territories only)
	Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits
	Expected Number of Enrollees to be Targeted ⓘ
	Expected Number of Enrollees to be engaged and receive Model benefits ⓘ

CY 2026 PBP Data Entry System Screens

VBID DS Reduced Cost Sharing – Page 3

Plan Characteristics - Completed	<input type="checkbox"/> LIS Level 4
Standard Bid - Completed	-OF-
Benefit Offerings - Completed	<input type="checkbox"/> Dual-Eligible Status (territories only)
Plan Level Cost Sharing - In Progress	Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits
Prior Authorization & Referral - In Progress	Expected Number of Enrollees to be Targeted <input type="text"/>
Visitor Travel - Completed	Expected Number of Enrollees to be engaged and receive Model benefits <input type="text"/>
Cost Share Groups - In Progress	Reduction of beneficiary LIS Cost Sharing <input type="text"/>
VBID, MA Uniformity, SSBCI - In Progress	Reduced on select drugs <input type="text"/>
Rx - In Progress	Standard Retail
Rx Setup - Completed	1-Month Days Supply <input type="text"/>
Defined Standard - Locations and Location Supply - Completed	1-Month Initial Coverage Phase Copayment <input type="text"/>
Rx Notes - Completed	Standard Mail-Order
DS Insulin Cost Share - Completed	1-Month Days Supply <input type="text"/>
Rx VBID - In Progress	1-Month Initial Coverage Phase Copayment <input type="text"/>
Rx VBID Part D Defined Standard Rewards & Incentives - Not Started	Long-Term Care
VBID DS Reduced Cost Sharing - In Progress	1-Month Days Supply <input type="text"/>
	1-Month Initial Coverage Phase Copayment <input type="text"/>
	Out-of-Network
	1-Month Days Supply <input type="text"/>
	1-Month Initial Coverage Phase Copayment <input type="text"/>

A VBID Supplemental file that contains the drugs provided at reduced cost sharing for the disease state(s) or socioeconomic status listed must be uploaded through the Formulary Submission Module by Friday, June 9, 2023 at 11:59am Eastern Time. If beneficiary LIS cost sharing is waived for all Part D drugs across the tiers indicated on the VBID package tiers screens then submission of a VBID Supplemental File is not required.

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Rx VBID Reduction in Cost Sharing Packages Setup (AE, BA, and EA Benefit Types)

▼ Plan Level Cost Sharing - In Progress

▼ Prior Authorization & Referral - In Progress

Visitor Travel - Completed

▼ Cost Share Groups - In Progress

▼ VBID, MA Uniformity, SSBCI - In Progress

^ Rx - In Progress

^ Rx Setup - In Progress

Rx Cost Share - In Progress

▼ Rx Tiers - In Progress

Rx Notes - In Progress

▼ Rx Insulin - In Progress

^ Rx VBID - In Progress

Rx VBID Part D Rewards & Incentives - Completed



Rx VBID Reduction in Cost Sharing - In Progress

Rx VBID Reduction in Cost Sharing

Rx Characteristics

(Maximum of 15 packages)

+ Add New Package

Package ID	Package Name	Status	Targeting Methodology	Disease State	Phases	Actions
1	Package #1	In Progress	Chronic Conditions	Chronic Obstructive Pulmonary Disease (COPD)	Initial Coverage Phase	 

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Rx VBIID Reduction in Cost Sharing Package – Add New Package – Page 1

Package #1 - In Progress

▼ Tier 3 - Preferred Brand - In Progress

Package Name *
Package #1 10/50 characters

Select Target Methodology *

☒ Chronic Conditions

☐ Socioeconomic Status

☐ Area Deprivation Index

Disease State - Please choose one or more *

The below Disease State picklist will be updated

The below questions will be added to this screen:

1. Does the enrollee need to have all disease states to qualify?
2. Does the enrollee need to have a combination of diseases selected to qualify?

Available

Diabetes

Congestive Heart Failure (CHF)

Patient with Past Stroke

Hypertension

Coronary Artery Disease

Mood Disorders

Rheumatoid Arthritis

Dementia

Selected

Chronic Obstructive Pulmonary Disease (COPD)

CY 2026 PBP Data Entry System Screens

Rx VBIID Reduction in Cost Sharing Package – Add New Package – Page 2

^ Package #1 - In Progress

▼ Tier 3 - Preferred Brand - In Progress

Rheumatoid Arthritis

Dementia

Which phase of the benefit will have reduced cost sharing? ⓘ *

☒ Initial Coverage Phase ⓘ

Select the tier(s) that include reduced cost sharing (select all that apply) ⓘ *

☐ Tier 1 - Preferred Generic ⓘ

☐ Tier 2 - Generic ⓘ

☒ Tier 3 - Preferred Brand ⓘ

☐ Tier 4 - Non-Preferred Drug ⓘ

☐ Tier 5 - Specialty Tier ⓘ

Is any of the cost-sharing reduction contingent upon participation in a wellness or care management program? ⓘ *

Yes

No

Are you modifying the deductible amount? ⓘ *

Yes

No

Is any of the cost-sharing reductions targeted to LIS eligible enrollees? ⓘ *

Softrams

CY2026 PBP – Rx VBIID
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 11 of 16

CY 2026 PBP Data Entry System Screens

Rx VBIID Reduction in Cost Sharing Package – Add New Package – Page 3

^ Package #1 - In Progress

▼ Tier 3 - Preferred Brand - In Progress

Is any of the cost-sharing reductions targeted to LIS eligible enrollees? ⓘ *

Yes

No

Select LIS reduction level: ⓘ

☐ LIS Level 1

☐ LIS Level 2

☐ LIS Level 3

☐ LIS Level 4

-or-

☐ Dual-Eligible Status (territories only)

Beneficiary LIS cost sharing waived for all Part D drugs across all benefit phases? ⓘ *

Yes

No

Reduction of Beneficiary LIS Cost Sharing ⓘ

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

1000000

Expected Number of Enrollees to be engaged and receive Model benefits ⓘ

1000000

+ Add Notes

CY 2026 PBP Data Entry System Screens

Rx VBIID Reduction in Cost Sharing – Initial Coverage Phase Tier Screen – Page 1

^ test - In Progress

^ Tier 1 - Generic - In Progress

Initial Coverage Phase - In Progress

^ Tier 2 - Preferred Brand - Not Started

Tier 1 - Generic

Initial Coverage Phase

Cost-Share Structure *
Greater of Coinsurance and Copayment

Which covered drugs have reduced cost sharing?
Select coverage *
Partial Tier Coverage (Only some drugs on the tier)

Does this plan offer reduction in cost share for generic drugs, brand drugs, or both generic and brand drugs?
Select drugs *

Standard Retail Cost Sharing

Do you offer 1-month supply? *

Yes No

Select days for 1-month supply
30

Coinurance 1-month min supply

Coinurance 1-month max supply

Copayment 1-month min supply
\$

Copayment 1-month max supply
\$

Do you offer 2-month supply? *

Yes No

Select days for 2-month supply
60

Coinurance 2-month min supply

Coinurance 2-month max supply

Copayment 2-month min supply
\$

Copayment 2-month max supply
\$

CY 2026 PBP Data Entry System Screens

Rx VPID Reduction in Cost Sharing – Initial Coverage Phase Tier Screen – Page 2

^ test - In Progress

^ Tier 1 - Generic - In Progress

Initial Coverage Phase - In Progress

^ Tier 2 - Preferred Brand - Not Started

Copayment 1-month min supply ⓘ

\$

Copayment 1-month max supply ⓘ

\$

Daily Copayment 1-month ⓘ

\$

Copayment 2-month min supply ⓘ

\$

Copayment 2-month max supply ⓘ

\$

Preferred Retail Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes No

Select days for 1-month supply ⓘ

30

Coinurance 1-month min supply ⓘ

Coinurance 1-month max supply ⓘ

Copayment 1-month min supply ⓘ

\$

Copayment 1-month max supply ⓘ

\$

Daily Copayment 1-month ⓘ

\$

Do you offer 2-month supply? ⓘ *

Yes No

Select days for 2-month supply ⓘ

60

Coinurance 2-month min supply ⓘ

Coinurance 2-month max supply ⓘ

Copayment 2-month min supply ⓘ

\$

Copayment 2-month max supply ⓘ

\$

Standard Mail-Order Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes No

Close

CY 2026 PBP Data Entry System Screens

Rx VBIID Reduction in Cost Sharing – Initial Coverage Phase Tier Screen – Page 3

^ test - In Progress

^ Tier 1 - Generic - In Progress

Initial Coverage Phase - In Progress

^ Tier 2 - Preferred Brand - Not Started

Standard Mail-Order Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes

No

Select days for 1-month supply ⓘ
30

Coinurance 1-month min supply ⓘ

Coinurance 1-month max supply ⓘ

Copayment 1-month min supply ⓘ
\$

Copayment 1-month max supply ⓘ
\$

Daily Copayment 1-month ⓘ
\$

Preferred Mail-Order Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes

No

Select days for 1-month supply ⓘ
30

Coinurance 1-month min supply ⓘ

Coinurance 1-month max supply ⓘ

Copayment 1-month min supply ⓘ
\$

Copayment 1-month max supply ⓘ
\$

Daily Copayment 1-month ⓘ
\$

Long Term Care Cost Sharing

Do you offer 1-month supply? ⓘ *

CY 2026 PBP Data Entry System Screens

Rx VBID Reduction in Cost Sharing – Initial Coverage Phase Tier Screen – Page 4

test - In Progress

Tier 1 - Generic - In Progress

Initial Coverage Phase - In Progress

Tier 2 - Preferred Brand - Not Started

Long Term Care Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes

No

Select days for 1-month supply ⓘ

32

Coinurance 1-month min supply ⓘ

Coinurance 1-month max supply ⓘ

Copayment 1-month min supply ⓘ

\$

Copayment 1-month max supply ⓘ

\$

Daily Copayment 1-month ⓘ

\$

Out-of-Network Cost Sharing

Do you offer 1-month supply? ⓘ *

Yes

No

Select days for 1-month supply ⓘ

30

Coinurance 1-month min supply ⓘ

Coinurance 1-month max supply ⓘ

Copayment 1-month min supply ⓘ

\$

Copayment 1-month max supply ⓘ

\$

A VBID Supplemental file that contains the drugs provided at reduced cost sharing for the disease state(s) or socioeconomic status listed must be uploaded through the Formulary Submission Module by Friday, June 9, 2023 at 11:59am Eastern Time. If beneficiary LIS cost sharing is waived for all Part D drugs across the tiers indicated on the VBID package tiers screens then submission of a VBID Supplemental File is not required.

+ Add Notes