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Compliance guidance for Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model and Special Supplemental Benefits for the Chronically Ill (SSBCI)

Key Changes for 2026

The Sunsetting of VBID and Changes to SSBCI

Currently, the Medicare Advantage VBID model permits Medicare Advantage Organizations to tailor plan benefits or reduce cost-sharing based on the health status of the enrollee and other criteria. However, due to the high costs to Medicare, CMS is ending the MA VBID model on December 31, 2025.

With VBID ending enrollments into MA plans, the availability of SSBCI benefits through a Medicare Advantage D-SNP plan will now be an option for beneficiaries who meet certain chronic illness criteria. With SSBCI, some beneficiaries will now have to qualify for benefits and may have to pay a nominal cost share for the benefits they previously received more freely under VBID. With this change, there may be greater beneficiary confusion and an increased potential for complaints. **Please see the “Compliance Tips” section at the end of this brief to help you avoid complaints.**

What is SSBCI?

SSBCI are supplemental benefits offered to certain Medicare Advantage members that have a reasonable expectation of improving or maintaining the health or overall function of the enrollee. These benefits are in addition to the benefits that traditional Medicare covers and can include benefits that are not primarily health related, such as meal delivery, non-medical transportation, and other services.

Eligibility Criteria

To qualify for SSBCI benefits in 2026, a Medicare Advantage enrollee must meet all three of the following criteria:

- The individual must live with one or more complex chronic condition(s) that is life threatening or significantly limits their overall health or ability to function,
- Has a high risk of hospitalization or other adverse health outcomes, and
- The individual requires support with the coordination of their medical care.

Mid-Year Supplemental Benefits Notice

Per a September 8, 2025, HPMS memo, CMS is delaying the implementation of all mid-year notice of supplemental benefits requirements for contract year 2026 and beyond, though MA organizations may voluntarily provide these notices if they choose.

Items and Services Excluded from SSBCI

Examples of items or services that may not be offered as part of SSBCI include all of the following:

- Procedures that are solely cosmetic in nature and do not extend upon Traditional Medicare coverage
- Hospital indemnity insurance
- Funeral planning and expenses
- Life insurance
- Alcohol
- Tobacco
- Cannabis products
- Broad membership programs inclusive of multiple unrelated services and discounts
- Non-healthy food

SSBCI disclaimer

An SSBCI disclaimer is required on any communications whenever SSBCI benefits are mentioned.

- The disclaimer must list the relevant conditions that the enrollee must have to be eligible for the benefit(s) listed.
- The disclaimer must convey that even if an enrollee has a listed chronic condition, an enrollee may not receive the benefit listed because other eligibility and coverage criteria may apply.
- For TV, radio, or other voice-based ads, the disclaimer must be read at the same pace as, or be displayed in the same font size as, the advertised phone number or other contact information.
- For outdoor ads, the disclaimer must be displayed in the same font size as the phone number or other contact information.

Example disclaimer text:

“The benefits mentioned are part of the special supplemental program for chronically ill members with one of the following disorders: [diabetes mellitus, chronic heart failure, chronic lung disorders, cardiovascular disorders, or chronic and disabling mental health conditions].* This is not a complete list of qualifying conditions. Having a qualifying condition alone does not mean you will receive the benefit(s). Other eligibility and coverage requirements may apply.”

*Disclaimer Quick Reference

Number of SSBCI Benefits Mentioned in the Material	Number of Qualifying Conditions for the Referenced Benefit	How to Reference the Qualifying Conditions in the Disclaimer
One	Five or fewer	List all of the qualifying conditions
	More than five	List the top five conditions and convey that there are other eligible conditions not listed
Two or more	Five or fewer	List all of the qualifying conditions
	More than five	List the top five conditions and convey that there are other eligible conditions not listed

NOTE: Individual carriers may require specific disclaimer language

Compliance Tips

- Because of the new qualification criteria for SSBCI, there is greater potential for confusion among enrollees and, with that, a higher potential for complaints. Given that the SSBCI changes primarily affects the D-SNP market, we strongly recommend agents be well prepared to avoid potential complaints. Be aware of the qualifications. Take comprehensive notes. And take extra care to ensure your clients understand everything.
- Remember that any material that mentions benefits is considered “marketing” and must include the name of the carrier offering those particular benefits, be submitted to those carriers for approval, and filed in HPMS. If you plan to create any SSBCI marketing pieces, please run those by your compliance officer for review prior to use.

Resources

You can read the full CMS regulations about SSBCI [HERE \(see 42 C.F.R. §422.102\(f\)\)](#).

You can access the September 8 CMS memo about mid-year benefit notification [HERE \(see CMS.gov\)](#).

Reach out to your upline with any questions.