



Hospice and the Value-Based Insurance Design Model 02/24/2022



2397_2/7/2022

Today's Presenter



- Jan Wood
- Provider Outreach and Education Consultant
- National Government Services





Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.





No Recording

- Attendees/providers are never permitted to record (tape record or any other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events





Objectives

 Assist hospice providers in understanding the Hospice and the Value-Based Insurance Design Model (VBID) and knowing where to submit their claims





Agenda

- What is VBID
- Participating Hospice VBID MAO Plans
- How is VBID Affecting Billing?
- Billing a Claim





What is VBID?





What is VBID?

- Medicare Advantage (MA) health plan innovations that will be tested in the Value-Based Insurance Design (VBID) model
- The model is designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including dual-eligible beneficiaries, and improve the coordination and efficiency of health care service delivery
- Modernize Medicare Advantage through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries





VBID Model Background

- CMS has a number of health plan innovations applicable to MAO being tested under the VBID model
- The following are just a few of these innovations
 - MAO Including Hospice Benefit as Part of Coverage
 - VBID by Condition, socioeconomics status, or both
 - MAO and Part D rewards and incentives programs
 - Telehealth networks





The Hospice Benefit

- The Medicare hospice benefit was established in 1983 to provide palliative care and support services to terminally ill patients and their families. The benefit is intended for beneficiaries with a life expectancy of six months or less if the illness runs its normal course
- The beneficiary who elects the hospice benefit waives the right to Medicare reimbursement for any terminal condition and any care related to the terminal illness that is not provided by (or arranged for through) the designated hospice
- Historically, hospice care has been "carved-out" of Medicare Advantage (MA); that is, these services have not been covered under a MAO. Beneficiaries who choose hospice who are in MAOs have been required to transition to Traditional FFS Medicare





VBID and Hospice

- Beginning on January 1, 2021, CMS began testing the inclusion of the Part A Hospice Benefit within the MA benefits package through the Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model. This test allows CMS to assess the impact on care delivery and quality of care, especially for palliative and hospice care, when participating MA plans are financially responsible for all Parts A and B benefits
- Under the Hospice Benefit Component of the VBID Model, participating MAOs retain responsibility for all Original Medicare services, including hospice care





Participating Hospice VBID MAO Plans





- AvMed with plans in select counties in FL
 - Hospice Network Administrative Contact: Joseph Young, Director, Hospital and Ancillary Contracting; (e): joseph.young@avmed.org; (p): 305-671-5437, ext. 27300
- Cambia Health Solutions with plans in select counties in OR, UT, and WA
 - Hospice Network Administrative Contact [Hospice provider network / contracting assistance]
 - Amy Kraft, (e): <u>Amy.Kraft@regence.com</u>; (p): 503-553-5055
 - Provider Administrative Support Contact [Member eligibility, claims billing, etc.]
 - Provider Customer Service, (p): 800-253-0838
 - Provider Website: <u>https://www.regence.com/provider/products/medical/medicare</u>





- Catholic Health Care Systems (ArchCare) with plans in select counties in NY
 - Hospice Network Administrative Contact: Victor Fama; (e): <u>vfama@archcare.org</u>; (p): 646-584-7984
- CVS with plans in select counties in OH and PA
 - Hospice Network Administrative Contact: Sara Rose Mollitor; (e): <u>MollitorS@aetna.com</u>; (p): 202-559-8234
- Hawaii Medical Service Association with plans in select counties in HI
 - Primary: (p): *Oahu 1-808-948-6330 or *Neighbor Islands 1-800-790-4672 toll-free
 - Website for providers: <u>https://prc.hmsa.com/s/article/Medicare-Advantage-Hospice-VBID-TCC</u>
 - Secondary: Dr. Toby Smith; (e): <u>toby_smith@hmsa.com</u>





14

- Humana Inc. with plans in select counties in CO, GA, IN, KY, OH, VA, and WI
 - Primary: Kevin Curey, (e): <u>kcurey@humana.com</u>; (p): 502-580-4059
 - Secondary: Cassie Gochenaur; (p) 502-292-8371
 - Provider-facing Mailbox: <u>hospiceVBID@humana.com</u>
 - Humana's information for hospice providers: <u>https://www.humana.com/hospice</u>
- Intermountain Health Care, Inc. with plans in select counties in ID and UT
 - Primary: Chris Engh Secondary: Russell Gardner
 - Primary (e): <u>chris.engh@selecthealth.org</u> Secondary (e): Russell.gardner@selecthealth.org;
 - Primary (p): 801-442-9075; Secondary (p): 801-442-7282 NCS





- Kaiser Foundation Health Plan, Inc. with plans in select counties in CA
 - There are two steps to submit notices and claims for Kaiser Permanente Senior Advantage Ventura County Plan (H0524-034) members:
 - Send the Notice of Election to <u>KP-NOE@kp.org</u>; <u>and</u>
 - Submit claims via the Electronic Data Interchange (EDI) process. To sign up for EDI, please contact your clearinghouse and provide the appropriate payer ID.
 - Where do you get more information for Kaiser Foundation Health Plans, Inc?
 - For questions regarding member benefits and/or eligibility, please call Kaiser Permanente Member Services at 1-800-443-0815.
 - For regarding claims payment, please call Kaiser Permanente Claims Services at 1-800-390-3510
 - For all other questions regarding hospice:
 - Administrative: email scalhcs-divert@kp.org or call 1-626-405-5903





- Presbyterian Healthcare Services (PHS) with plans in select counties in NM
 - For general inquiries, including contracting questions, contact PHS's provider network Executives. A list of contacts is here: <u>http://docs.phs.org/idc/groups/public/@phs/@php/documents/phscontent/pel_00140718.pdf</u>
 - Please send the Notice of Election (NOE) for Presbyterian Senior Care plans (H3204-001, H3204-007 and H3204-008) via the Electronic Data Interchange (EDI) process, working with your clearinghouse. As a backup, please also send the NOE to PHS's secure email box: <u>PHPHospiceNOE_NOTR@phs.org</u>
 - Submit billing inquiries by going to this link: <u>https://www.phs.org/providers/Pages/default.aspx</u> and registering.
 - View PHS's frequently asked questions document at: <u>https://mailchi.mp/2eeb4ad2ea87/presbyterian-shares-hospice-vbid-fact-sheet-and-faqs</u>





- Summit Master Company, LLC with plans in select counties in PR
 - Primary: Nelson A. Pérez, (e): <u>nelson.perez@mso-pr.com</u>; (p): 787-484-9563
 - Provider Billing Contact: Jose A. Marcano; (e): jose.marcanobernard@mso-pr.com; (p): 787-398-7915
- Triple-S Management Corporation with plans in select counties in PR
 - Primary: Myra M. Velez Plumey, (e): <u>myra.velez@ssspr.com</u>;
 (p): 787-749-4949 ext. 832-6354
 - Secondary: Provider's Call Center: 1-855-886-7474





- UnitedHealth Group with plans in select counties in AL, IL, OK, and TX
 - UHC Hospice Network Administrative Contact
 - Primary: Jennifer R. Smith; (e): hospicevbid@uhc.com; (p): 952-931-4041
 - Website: UHCprovider.com/mahospice (10/15-11/1 Go-Live)
 - Clinical Provider/Patient Support Contact (Alabama, Illinois, Oklahoma)
 - Primary: Mindy Stewart-Coffee
 - Patient/Pre-Hospice Consult (p): (833) 753-2970
 - Provider Clinical Inquiries (Transitional Concurrent Care) (p): 833-753-2970
 - Clinical Provider/Patient Support Contact (Texas)
 - Primary: Tracey Campos
 - Patient/Pre-Hospice Consult (p): (361) 371-3710
 - Provider Clinical Inquiries (Transitional Concurrent Care) (p): (361) 371-3710





- Visiting Nurse Service of New York (VNSNY) with plans in select counties in NY
 - Hospice Network Administrative Contact: John Caralyus;
 (e): <u>John.Caralyus@vnsny.org</u>; (p): 646-300-2898
 - Hospice Provider Billing: Tacheima Bien-Aime;
 (e): <u>Tacheima.Bien-aime@vnsny.org</u>
 - VNSNY's Hospice FAQ page: <u>https://www.vnsnychoice.org/hospice-benefit/</u>





How is VBID Affecting Hospice Billing?





What Changes with the VBID Model?

 If a hospice agency provides services to a beneficiary covered under a MAO plan, check to see if that MAO is on the list of participants in the Hospice VBID





22

Changes for the MAOs

- MAO plan covers all Medicare benefits
 - Including hospice
- Hospice coverage starts from effective date of election until date of discharge/death or revocation
- MAO offers coverage for in-network hospice providers
- Participating MAOs cover and pay for hospice care provided by an out-of-network hospice provider in 2021 and 2022
 - At the least, payment must equal Original Medicare rates





23

Top Three Things Hospice Providers Need to Know

1. You must send all notices and claims to both the participating MAO and your MAC. The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the model





Top Three Things Hospice Providers Need to Know

 If you contract to provide hospice services with the plan, be sure to confirm billing and processing steps before the calendar year begins, as they may be different.

Note: While Medicare encourages you to reach out to participating MAOs about contracting opportunities, you are not required to contract. If you choose not to contract, the participating MAO must continue to pay you at least equivalent to Original Medicare rates for Medicare-covered hospice care.





Top Three Things Hospice Providers Need to Know

3. The Model does not permit prior

authorization requirements around hospice elections or transitions between different levels of hospice care





Eligibility Check

- Here is how to determine if your patient has enrolled in a plan of a Medicare Advantage Organization (MAO) that is participating in the Value-Based Insurance Design (VBID) Model Hospice Benefit Component
- NOTE: For CY2022, hospice providers should check if their hospice patient was enrolled in a MA plan participating in the Hospice Benefit Component in either 2021 or 2022





27

Step One

- Confirm your patient's Medicare eligibility and check for Medicare Advantage (MA) enrollment. If your patient shows you an MA enrollment card, move to Step 2. If your patient shows you a Medicare card with a Medicare Beneficiary Identifier, use either your normal process or any of the following online tools or services to check for MA enrollment:
 - MAC Portal
 - MAC Interactive Voice Response (IVR) System
 - Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)
 - Billing agencies, clearinghouses or software vendors





Step Two

- If the patient is in an MA plan and the hospice election date is on or after January 1 of the current calendar year or any previous calendar years when the MA plan may have participated in the Model, identify the MA contract number and plan benefit package identification information on the MA enrollment card or by using one of the online tools or services in Step 1
 - It will look like this: H########. For example, H1234-001
- Reminder: Check the effective and termination dates to ensure the patient's enrollment in the participating plan is for 2022





Step Three

 Compare the patient's plan information to the <u>list</u> of plan benefit packages (PBPs) participating in the Hospice Benefit Component of the VBID Model. If their plan is part of the Model, follow the directions for submitting claims











Submitting a Claim

If the beneficiary's Medicare coverage is through a participating MAO, but your hospice facility is not contracted with that participating MAO, you must submit Original Medicare claims to participating MAOs to be paid at Original Medicare rates for covered hospice care provided to participating plans' enrollees





Billing for a Patient enrolled in a participating MAO for Hospice Services

- Confirm the hospice election start date is on or after January 1, 2022 for new plan participants and on or after January 1, 2021 for returning plan participants
- File the Notice of Election (NOE) with your MAC and the MAO
 - NOTE: Hospice providers are expected to file timely NOEs to the participating MAOs. If providers do not file timely NOEs then the MAO may not cover and pay for days of hospice care from the effective date of election to the date of filing of the notice of election, as is current policy under Original Medicare





33

Submitting Claims

- Submit claims to your MAC as you normally would. Medicare will treat these claims as informational for operational processing and monitoring and return a Remittance Advice with the following messages
 - Claim Adjustment Reason Code (CARC) 96: Non-covered charge(s)
 - Remittance Advice Remark Code (RARC) MA73: Information remittance associated with a Medicare demonstration. No payment issued under Fee-for-Service Medicare as patient has elected managed care
 - Group Code Contractual Obligation (CO): MAOs participating in the VBID Model's hospice benefit component will be responsible for coverage of the above services





Submitting Claims

- Submit the claim to the MAO—if you are a hospice provider that is not in the participating MAO's network you can use the same forms you use to submit claims to your MAC
- Upon hospice discharge or benefit revocation, file the Notice of Termination or Revocation (NOTR) with your MAC and the MAO





Submitting Claims

- Hospice providers that are contracted with a participating MAO should follow billing and claims processing guidelines within contractual arrangements
- For assistance in triaging any issues or questions with billing, please contact your patient's MAO, your local MAC, or CMS at <u>VBID@CMS.HHS.gov</u>





Frequently Asked Questions

- How do I bill for hospice services under this model?
- How do you check a patient's enrollment in a Hospice Benefit Component-participating plan?
- What billing requirements do Medicare Advantage plans have?
- Whom do I contact if I have questions about eligibility and billing?
- Is participation in the Model optional for hospice providers?
- If a national parent organization is participating, are all of its plans nationally participating?
- If there is no participating plan in my service area, can I still be impacted by the Hospice Benefit Component of the VBID Model?
- Link to CMS' FAQs





37

CMS VBID Resources

- VBID Model Fact Sheet CY 2022
- Value-Based Insurance Design Model Hospice Benefit Component Calendar Year 2022 Monitoring Guidelines
- Medicare Advantage Value-Based Insurance Design Model Calendar Year 2022 Model Participation
- VBID Model Hospice Benefit Component Outreach & Education
- VBID Model Hospice Benefit Component Participating Plans
- VBID CY2022 Hospice Benefit Contact Information (XLS)





To Ask a Question Using the Question Box

Na

	File View Help	
	 Attendee List (2 Max 201) 	
	Attendees (1) Staff (1)	
	NAMES - ALPHABETICALLY	•
	🗶 Corena Bahr (Me)	
	Search	•
	- Audio	
	Audio Mode: OUse Telephone	
	49 88000000	
	Audio Setup	
	Talking: Suzie Smith	
	Questions	
	Questions Log	
	Q: Is there a volume discount?	
	A: Yes! We will send you more info after the event.	
	view.	~
Type questions here	Yes	
	Ser	Then click Send
	Webinar Now Webinar ID: 731-938-951	
	GoTo Webinar™	
tional Government		C188
Services		

Your Feedback Matters!

Survey link is in the GTW chat box

Copy/paste survey link into browser

What do we do with your feedback?

- Improve the education we provide
- Allows us to continue offering education that is
 - Meaningful
 - Informative
 - Simplified





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?





