



Hospice and the Value-Based Insurance Design (VBID) Model

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





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Objectives

 Assist hospice providers in understanding the 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 MA 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 Medicare Advantage Organizations (MAO) being tested under the Value-Based Insurance Design 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.





The Hospice Benefit

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 Fee-for-Service (FFS) Medicare.





VBID and Hospice

 Beginning on 1/1/2021, 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 Medicare Advantage (MA) plans are financially responsible for all Parts A and B benefits.





VBID and Hospice

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





- 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): MollitorS@aetna.com; (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
 - Secondary: Dr. Toby Smith; (e): toby smith@hmsa.com





- 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
 - Humana's information for hospice providers





- Intermountain Health Care, Inc. with plans in select counties in ID and UT
 - Primary: Chris Engh Secondary: Russell Gardner
 - Primary (e): chris.engh@selecthealth.org Secondary (e): Russell.gardner@selecthealth.org;
 - Primary (p): 801-442-9075; Secondary (p): 801-442-7282





- 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>; and
 - 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 <u>scalhcs-divert@kp.org</u> 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 <u>list of</u> <u>contacts</u> is available
 - 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: PHPHospiceNOE NOTR@phs.org





- Submit billing inquiries and register
- View PHS's frequently asked questions document





- Summit Master Company, LLC with plans in select counties in PR
 - Primary: Nelson A. Pérez, (e): nelson.perez@mso-pr.com;(p): 787-484-9563
 - Provider Billing Contact: Jose A.
 Marcano; (e): jose.marcano-bernard@mso-pr.com; (p): 787-398-7915





- Triple-S Management Corporation with plans in select counties in PR
 - Primary: Myra M. Velez Plumey,
 (e): myra.velez@ssspr.com; (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: <u>www.UHCprovider.com/mahospice</u> (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: https://www.vnsnychoice.org/hospice-benefit/





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





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





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

2. 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.





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.





Billing a Claim





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.





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 VBID@CMS.HHS.gov.





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?





Frequently Asked Questions

- 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





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)





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 - Copy/paste survey link into browser
- What do we do with your feedback?
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 - Meaningful
 - Informative
 - Simplified





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- Questions?





