DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



Centers for Medicare & Medicaid Services

DATE: November 12, 2021

TO: Medicare-enrolled Hospice Providers

FROM: Center for Medicare & Medicaid Services (CMS) Innovation Center

SUBJECT: IMPORTANT NOTICE: Billing Information Update Beginning January 1, 2022

Starting in January 2021, some plans offered by certain Medicare Advantage Organizations (MAOs) include the Medicare hospice benefit in their benefits package as part of a CMS Innovation Center Model. Under the Model, the participating MAOs are responsible for coverage and payment of all services covered by Original Medicare, including hospice. In 2022, the Model expanded to additional states and plans.

CMS is here to help you prepare for this new Model year.

Which MAOs are in the Model?

The following MAOs are participating in the Model in 2022:

New Participants

- AvMed, Inc. with plans in select counties in Florida
- Cambia Health Solutions, Inc. with plans in select counties in Oregon, Utah, and Washington
- Catholic Health Care System with plans in select counties in New York
- CVS with plans in select counties in Ohio and Pennsylvania
- UnitedHealth Group with plans in select counties in Alabama, Illinois, Oklahoma, and Texas

Returning Participants

- Hawaii Medical Service Association with returning plans in select counties in Hawaii
- **Humana Inc.** with *new and returning* plans in select counties in Colorado, Georgia, Indiana, Kentucky, Ohio, Virginia, and Wisconsin
- Intermountain Health Care Inc. with new and returning plans in select counties in Idaho and Utah
- Kaiser Foundation Health Plan, Inc. with returning plans in select counties in California
- Presbyterian Healthcare Services with returning plans in select counties in New Mexico
- Anthem, Inc. with new and returning plans in select counties in Puerto Rico
- Triple-S Management Corporation with returning plans in select counties in Puerto Rico
- Visiting Nurse Service of New York with new and returning plans in select counties in New York

NOTE: Only SELECT plans are participating in the Model. CMS published a spreadsheet listing all plans, also known as plan benefit packages (PBPs), offered by the MAOs participating in the Model: https://bit.ly/2022HospiceMAOs. This spreadsheet also contains plan contacts under the tab "CY22 VBID Hospice MAO Contact."

Some of the MAOs participating in the Model in 2022 are returning participants because they offered plans under the Model in 2021. You may currently provide hospice care to a patient with coverage from a participating plan in 2021, who elected hospice in 2021, and their hospice stay extends into 2022. If this occurs, continue to bill the plan through the end of the patient's hospice stay. If you provide hospice care to a patient with coverage from a new plan in 2022, these changes only apply if the patient's hospice election begins on or after January 1, 2022. CMS has labelled all of the plans for 2022 as either new or returning in the spreadsheet available at the link above.

4 Things to Know About Claims for Patients in this Model:

- 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.
- 2. If you contract to provide hospice services with the plan, be sure to confirm billing and processing steps before January 1, 2022, as they may be different.

Note: While we encourage 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.

- 3. The Model doesn't permit prior authorization requirements around hospice elections or transitions between different levels of hospice care.
- 4. Please keep in mind that a patient may travel for their hospice care so you may see a patient enrolled in one of the participating plans offering coverage not in your service area. For example, a patient with coverage from a participating plan whose service area is in Ohio may travel to receive hospice care from you in Florida. You should submit all notices and claims to the plan in Ohio.

Where do I get more information?

As always, we're committed to providing you with the support you need. For more information:

- Visit the Hospice-Provider VBID Webpages at https://bit.ly/VBIDhospice
- Join the VBID-Hospice Listserv at https://bit.ly/3m7XKoL
- Contact us at <u>VBID@cms.hhs.gov</u>

Thank you for the essential care you provide to your Medicare patients.



Centers for Medicare & Medicaid Services

Medicare Advantage Value-Based Insurance Design (VBID) Model – Hospice Benefit Component

Calendar Year 2022 Hospice Provider Checklist

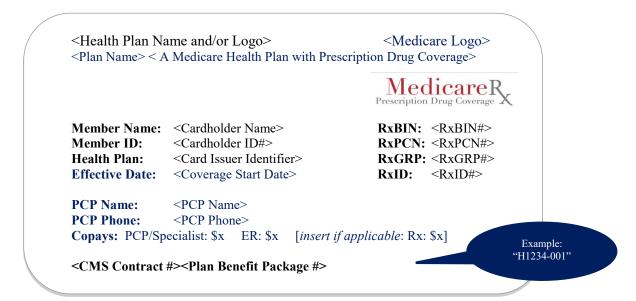
The Hospice Benefit Component of the VBID Model is an opportunity for Medicare Advantage Organizations (MAOs) and hospice providers to collaborate and improve care coordination, transparency, and quality.

Follow these 5 steps for proper billing and claims processing:

- □ STEP 1: 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

Reminder: Check the effective and termination dates to ensure the patient's enrollment in the participating plan is for 2022.

The front of a MA Membership ID card is shown below for illustrative purposes.



	STEP 2: If the patient is in an MA plan, 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.
	STEP 3: Compare the information from Step 2 with the list of participating plans' information available on the Model website at https://bit.ly/VBIDhospice or available for you to directly download at https://bit.ly/2022HospiceMAOs .
	If you match this information to a patient whose hospice election began on or after January 1, 2021 and they are enrolled in a returning plan, your patient is in the Model.
	If you match this information to a patient whose hospice election began on or after <i>January 1, 2022</i> and they are enrolled in a <i>new</i> plan, your patient is in the Model.
	STEP 4: If your patient is in a participating plan, check the billing and claims processes for the specific participating plan.
	Please note: Plan contact information is available on the Model website. Participating MAOs in your service area will also be reaching out to you with billing information.
	STEP 5: Submit all notices and hospice claims to both your MAC and the participating MAO.
For assistance in triaging any issues or questions with billing, please contact your patient's MAO, your local MAC, or CMS at <a bit.ly="" href="https://www.vblocal.new.new.new.new.new.new.new.new.new.new</th></tr><tr><th colspan=2>For more information, visit https://bit.ly/VBIDhospice , or email VBID@CMS.HHS.gov .	