

CY2021 VBID Hospice Benefit **Component – January Office Hours**

January 12, 2021

Nate Hoffman:

[00:00:00] Thank you for joining the Calendar Year 2021 VBID Hospice Benefit January Office Hours Webinar. Questions can be submitted through the WebEx Q&A panel, select Q&A, followed by all panelists. The VBID Model Team will read submitted general questions and provide answers. Some inquiries may require additional research; the VBID model team will investigate these inquiries and reply via email. At this time, I will turn it over the presentation to Laurie McWright, the deputy director of CMMI's Seamless Care Models Group. Laurie?

Laurie McWright:

[00:00:50] Thank you, Nate. I want to start by thanking everyone for joining us today and for your time. It's a very exciting time at CMMI as our VBID Hospice Model component has kicked off as of January 1st. As Nate shared, I'm the deputy director of the Seamless Care Models Group, which has responsibility for a broad set of the integrated care delivery models at CMMI, largely focused on improving care through increasing value, through our accountable care, and through direct contracting organizations.

[00:01:39] Focused on transforming primary care, improving access to care for beneficiaries with kidney disease, and of course innovating in the health plan space. Together, along with other CMS Innovation Center models, we are largely focused on improving quality for beneficiaries while we serve the beneficiaries we serve, while reducing program costs.

[00:02:08] And today, we have designed a short session, providing some updates on the hospice benefit component and its implementation. And then for most of the time, we'll turn to any questions that are asked in real-time in our live Q&A box, as Nate referenced, and do our best to answer as many of those questions on the spot today.

[00:02:32] As he described, we'll prioritize answers to questions we received most frequently, and that we think will help most, the most of you all, in terms of implementation. Of course we appreciate all your questions, if we don't get to questions, or as he described, we need to do some research, we'll absolutely do our best to get back to you. If you have a question that you felt like wasn't answered at all, or we didn't nail the answer, please feel free to use the VBID mailbox as well.

[00:03:18] Committed to answering, as I say, as many of the questions as we can, but we have to make sure that we give you the right information, and so sometimes we take things back to make sure before answering on the spot. More art than science.

[00:03:44] So, as with all of our other technical support, really our goals today are to, in today's sessions, are really just to provide you all as much information focused on those Model-

participating MAOs and hospice providers to have begun the Model, it's, as I say, very exciting where we are now in the initial stages of having gone live.

[00:04:22] We also think, and have heard that these Q&A sessions are valuable to those who aren't actually participating in the model in the first year but are interested in more information on the model and how it's going to work. In addition, answering questions and making sure that you all have the variety of resources that we put together to make sure that whether you're participating now, or considering it, you're really aware of the model components and operational implications as well as any beneficiary considerations.

[00:05:08] I have three colleagues today with me who will be involved in the Q&A session. Sibel Ozcelik, one of the co-model leads for the overall VBID model. Julia Driessen, who is the evaluation lead for the hospice component, as well as the overall benefit, VBID Model as well. And let's see, next slide. I believe -- yeah, our, my most favorite, the disclaimer slide before digging in, and we are always in a position where we want to make sure that folks are aware, our goal is to give as much information, education out.

[00:06:04] And but of course, it shouldn't be considered more than education and general information. Okay. With that, I will hand it over to Sibel to give us some updates before getting into the Q&A portion of the session. Thank you.

Sibel Ozcelik:

[00:06:26] Thanks so much, Laurie. And thanks Nate for the slides. Could we move onto the next slide? Two more slides, I think. Yeah, perfect. So we're really excited, as Laurie shared, to announce that the model component is now live as of January 1, 2021. And want to thank all of our participating plans, as well as the hospice providers, EHR vendors, and other stakeholders whose work and innovative thinking have made this possible.

[00:06:53] And what this means is that enrollees in participating plans who newly elect hospice in the 2021 calendar year will have hospice services covered by their participating plans. And because of the other flexibilities provided under the Model that extend beyond offerings in original Medicare, enrollees in participating plans will have access to comprehensive palliative care, transitional concurrent care, and potentially additional hospice supplemental benefits.

[00:07:20] And so in combination, these benefits will hopefully really help to improve the quality of life for plan enrollees with serious illness, their caregivers, and their families. Now as the Model component progresses, we remain committed to providing you all with technical support as needed, including through our online webpages, additional office hours, and webinars and other guidance.

[00:07:41] And we continue to relay, to continue to reach out to us with any questions, concerns, or ideas at VBID@cms.hhs.gov. We really value your questions and input. Next slide. So during our office hours, we, in the past we've walked through the myriad of resources that can be found on the [VBID Model](#) and the [Hospice Benefit Component](#) webpages. We have a couple of updates announced this month.

[00:08:12] First off, you'll be able to find recordings, and transcripts, and slides from our December office hour session, as well as the materials from previous sessions, on the "[Outreach & Education](#)" tab of the Hospice Benefit Component webpage.

[00:08:25] The first November webinar provides a general overview of the technical and operational guidance that we released back in the fall. The subsequent November office hour session provided an in-depth review on how to determine a Medicare beneficiary's eligibility for the Model and billing and claims processing. Last month, or December's office hour session, provided background on new resources, and an overview of networks and payment rules. We'll post the recording, transcript, and slides from today's office hour by the end of next week on that same webpage.

[00:08:58] Second, in advance of the Hospice Benefit Component go live, in December we added a notice to the HIPAA Eligibility Transaction System, or HETS, providing information on the Model component. This provides information to those who use HETS on how to check for Hospice Benefit Component eligibility on new patients, again, who elect hospice in 2021, and where to go find resources on the Model. We have also updated the participating plans capable tab with additional model information for participating MAOs, and we'll continue to keep that page updated with contact information and MAO-specific resources.

[00:09:35] For example, on the page now, you can find online webpages that some of the MAOs have created to provide resources for providers, such as on their operational guidelines, member notifications, submission information, and details surrounding billing and claims submissions. These are really a terrific resource for many of the questions we've received on how to submit claims and what to expect working with particular MAOs. Next slide.

[00:10:01] Now, before getting to your questions, I want to remind everybody that our calendar year 2022 request for applications, or RFAs, for VBID as well as the Hospice Benefit Component, are now live and available on the [VBID Model website](#).

[00:10:18] In addition to providing ongoing implementation support for 2021 throughout the calendar year, we're also here to provide technical support for calendar year 2022 applications throughout the application period, which closes on April 16th, 2021. As we mentioned in our last office hour session, in the 2022 request for applications, we are soliciting feedback and comment on what network adequacy requirements and network stressors should look like for phase three of the model, which could begin as early as 2023.

[00:10:47] Your comments, along with any questions you have, can be submitted directly at VBID@cms.hhs.gov. We're accepting comments on a rolling basis and hope to receive yours by the spring. Now I'll go ahead and turn it over to Trudel to get us started with some questions.

Trudel Pare:

[00:11:07] Thanks, Sibel. So we're going to move on to answer some of the questions that you've submitted to us today. Please continue submitting questions as you think of them. And again, we'll answer as many of the commonly asked questions as we can, and if we don't have the opportunity to answer your question, please follow up with us by reaching out to the VBID

mailbox. We'll also use these questions to develop future FAQ documents on a periodic basis, so please continue to submit your questions. All right, so the first couple questions, Sibel, I think are for you.

[00:11:49] So first, what happens to current patients who were admitted before January 2021 and are enrolled in a participating plan in the Model? Will we have to bill the plan?

Sibel Ozcelik:

[00:12:01] That's a great question. So for patients that are enrolled in a plan, participating in the Hospice Benefit Component, who elected hospice prior to January 1st, 2021, if you're a hospice provider, you should continue to bill your MAC as you do currently. Again, the Model is applicable to enrollees who have a hospice election on or after January 1st, 2021, and are enrolled in a participating plan.

Trudel Pare:

[00:12:31] Thanks, Sibel. All right, so next up, I am a hospice provider, and I've reached out to the local MAO for my county and have not heard anything back. What should I do?

Sibel Ozcelik:

[00:12:45] That's a great question, Trudel, and I think we heard a similar question on our last office hours. Each MAO has several points of contact listed, so you may want to check to confirm that you're reaching out to the right point of contact for the question that you have. And you'll want to do this by using the spreadsheet, not the [participating plan webpage](#). The webpage specifically lists out, I think, the points of contact for networking or contracting, the detailed spreadsheet that's on the participating plan webpage has contacts, again, for various sectors.

[00:13:20] So for example, if you have a claims and billing question, you should go and look at that table, to look at who the claims and billing point of contact is. And some of these contacts have been updated since we first sent out the provider letters back in the fall. So again, we really recommend that you check the website to make sure that you have the most recent point of contact.

[00:13:45] Now if you have reached out to all of the points of contact that are listed, and you still haven't heard back, and a week or two has gone by, please let us know by reaching out to the VBID mailbox, at VBID@cms.hhs.gov, so we can help ensure that the MAO is aware of the outreach, and make sure that we have the right contact information still up on the website.

Trudel Pare:

[00:14:14] Thanks, Sibel. All right, so the next one, are we required to submit the remittance advice remark code, RARC, and claims adjustment reason code, CARC, information before billing to the MAO plan? Or can we bill claims simultaneously to the MAC and the MAO plan?

Sibel Ozcelik:

[00:14:39] That's a great question. It depends from plan to plan if they have specific requirements in place. But generally speaking, and it also depends on your, whatever EHR vendor you're using, or billing clearinghouse, generally speaking, notices and claims can be

submitted to the MA plan and the MAC at the same time. But again, recommend that you reach out to the participating MA plan to confirm that.

Trudel Pare:

[00:15:13] Thanks, Sibel. And then last one for you, and then Laurie I'll ask you a few questions. Do we have to follow the NOE Medicare requirement of five days?

Sibel Ozcelik:

[00:15:27] Yeah no, that's another great question. So the hospice providers will be held to the notice of election, or NOE, timely, filing a requirement for their MAC. And they may be held to the same NOE timely filing requirements for the MA plan. It depends on the contracting, whether the hospice provider has contracted with the MA plan or not, and what those contractual arrangements state. But the hospice provider should, again, check with the participating MA plan, as each plan may have different requirements, so that communication is really key. Trudel, back to you.

Laurie McWright:

[00:16:03] So I wanted to add a little flavor to that one while Trudel, if you're teeing up questions first, I just think really without a contracting relationship, our goal was to have hospice providers have similar requirements as they have on the fee-for-service side. And making sure that we become aware of the hospice providers quickly seems really, the hospice elections quit as quickly as possible, and care can be slowing, really important. Also wanted to make sure, wanted to make sure that I formally introduce Trudel.

[00:16:49] So sorry Trudel, no harm meant, I was going quickly over who was participating, and a key member of the VBID team and Hospice Benefit Component, without whom today would not have been possible. So thank you for helping us answer all our questions and all that you do.

Trudel Pare:

[00:17:13] Thanks, Laurie. All right. So, I think we'll turn over to a couple of the questions in the Q&A now. First, a quick question but definitely important. Will you be sending out the slides? And I think Sibel addressed this, as well.

Laurie McWright:

[00:17:34] Yeah, so Sibel, if you want to take it, that's fine. Go for it.

Sibel Ozcelik:

[00:17:39] Yes, so by the end of next week, we'll have the slides, the transcript, the webinar recording posted on the VBID Model webpage. It'll specifically be on, if you go onto the Hospice Benefit Component webpage, there's a tab for "Outreach & Education," and all that, all of that will be posted there.

Trudel Pare:

[00:18:05] Thanks, Sibel. All right, so Laurie, I think if you could answer this one. So can you tell me when the State of Maryland or my state will go live for VBID hospice?

Laurie McWright:

[00:18:21] Oh that is such a great question. So, I'm going to have to unfurl a little bit on what that specifically means, and so just as an example, to the author of that question, if we didn't get it right, feel free to send us an email through the VBID mailbox, but I think basically the locations of the VBID Model, including the hospice benefit components, are contingent on the Medicare Advantage Organizations submissions of their service area locations and where their VBID benefit packages are located across the country.

[00:19:17] So that means that it's not they're allowed to participate a change in the statute, I believe, in 2018, allowed VBID Model participants to select service areas across the country. And it's really a question of where plans have decided to test the VBID Model concepts across the country. And so in terms of in terms of hospice I believe we're in, if I've got this right, I believe we're in 13 states and Puerto Rico for 2021, and excited about expanding participation in 2022.

Trudel Pare:

[00:20:30] Thanks, Laurie.

Laurie McWright:

[00:20:31] Sure!

Trudel Pare:

[00:20:32] All right. So next one, Laurie, also for you. It says, after 2021, are we supposed to bill the Medicare Advantages then when they have enrollees enrolled in hospice care?

Laurie McWright:

[00:20:50] Wow, that's a -- yeah, that's an excellent question. And I think, I think the best way to answer that is, it depends, beginning in 2021, January 1st, 2021, so at the turn of the new year here, and the beginning of the hospice benefit component, the billing arrangement either is sort of one of two tracks. If you have contracted, if there's a contracting relationship between the Medicare Advantage Organization participating in the VBID Hospice Component with a local hospice in their service area, then the precise billing arrangement would be scoped out in the contract and would not be subject to CMS guidance.

[00:21:49] For all other hospice providers throughout the country that end up providing care to beneficiaries who elect hospice and are enrolled in one of the VBID, the VBID plans through their managed care organizations. That would be as it is provided for in the fee-for-service side of the benefit, where plans would be paying out 100 percent of the original Medicare fee schedule for the hospice services. So the nutshell there is the -- depending on your contracting arrangement, it's either negotiated, your rates for hospice providers are negotiated via the managed care organization, or if you're not in a contracting relationship, it would be 100 percent of the fee-for-service rate for hospice.

Sibel Ozcelik:

[00:23:07] Yes, and just to add on, in terms of sort of who you're billing, right, if you're a hospice provider and a patient has recently elected hospice in the 2021 calendar year, and that's

really important, the election has to occur in 2021, and that patient is also enrolled in one of the participating plans, then you would bill both the MA plans as well as you would submit your claims also to the MAC. I just wanted to clarify that one point as well.

Laurie McWright:

[00:23:45] Oh that's, yeah, thank you for the add-on. Yeah that for tracking and making sure we're monitoring what's going on in this new Hospice Benefit Component to have the dual track, we felt like, was extremely important. Thank you.

Trudel Pare:

[00:24:09] Thanks, Sibel and Laurie. All right. So Laurie, one more for you, and then, Sibel, I'll ask you the next couple. So if we have a patient that changes MAO from one month to another, do we have to send the NOE to the new MAO? Otherwise, how will the new MAO establish the patient's election period?

Laurie McWright:

[00:24:41] I don't believe, I mean I believe the answer, and Sibel, you make sure that I'm right about this, but I don't think that they do send the new notice of election to the, to -- there's no, one way to say it is there's no new election form because a hospice, an enrollee is changing plans. Their election is their election. Sibel, is that a way to say that?

Sibel Ozelik:

[00:25:19] That's 100 percent correct. So the notice of election is only appropriate when a Medicare beneficiary elects hospice. So unless that beneficiary had revoked their hospice election, or had a live discharge from hospice, it would not be appropriate to submit a new notice of election.

Trudel Pare:

[00:25:45] Great, thank you. All right. And then, so Sibel, the next question we have is what is the best way to describe or explain this model to a brand-new hospice employee?

Sibel Ozelik:

[00:26:07] Yeah no, I think that that's a terrific question. So in essence, all that's one of the primary goals of the Model, right, is to test the carving in of the hospice benefit, the Medicare Hospice Benefit, into Medicare Advantage. And so in essence, it's the same exact hospice benefit that's in fee-for-service, we're not allowing for any bundling of the hospice, Medicare Hospice Benefit. So from a high level, I would start off with that point, that this is, CMS is testing the carving of the hospice benefits into Medicare Advantage, in order to assess the impact on care delivery.

[00:26:51] And whether improvements in quality of care can be made. In terms of billing and claims processing, all that's required is that from a MAC perspective, you're submitting claims the same way as you do today. But concurrently, you're also submitting that claim information specifically for payment purposes to the MA plan. So I think I would think about it as having, and I welcome Laurie's thoughts on this as well, about having a partner in order to improve the

quality of care that's being delivered to your hospice patient. Laurie, I don't know if you would have anything to add to that as well?

Laurie McWright:

[00:27:35] Oh yeah, I mean that's a great explanation, but I think I might just add as a framing, so think about it, if you were a brand new employee typically by history if a hospice patient has been enrolled in a Medicare Advantage plan, then if that individual elects hospice, then what we traditional say is that that, care and portion of the Medicare benefit is carved out of the Medicare Advantage offering and provided through fee-for-service. And so, this Model is testing the concept, as Sibel described, of carving in the hospice benefit.

[00:28:36] Where it's provided through the Medicare Advantage Organization within the service areas across the states that are participating. And that that's what we're testing, as Sibel described, this carve in of how it's -- how well it serves to allow Medicare Advantage enrollees who elect hospice to have their care provide and coordinated through the managed care organization.

[00:29:13] By history there were a number of concerns of sort of care coordination not going as well as it could, financial accountability for who, what entities were financially responsible for different parts of care during the hospice benefit. And so recommendations have been long...

[00:29:43] Have long been asking to, is there a better way. And to coordinate the care, and in particular for care that's coordinated through hospice organizations that have contracted with the managed care organizations participating in the model that they're able to provide a number of other sort of benefits through the supplemental benefits package, as well as concurrent transitional care, which is a unique element to the Model.

[00:30:31] So hopefully that helps sort of a brand new employee have a big picture on the model and what it's attempting to deliver. Sibel, I turn it back to you if you want to add anything else.

Sibel Ozcelik:

[00:30:52] No, I think -- it's hard to summarize it into two minutes, because there's so much, if someone is a clinician, I would focus in on, as Laurie has shared, all of the benefits of the model in terms of not only are we carving in hospice, but we're thinking about the full continuum of care and thinking about upstream, nonhospice palliative care, and the transition into hospice alongside transitional concurrent care services. And then thinking about hospice supplemental benefits, it's a lot.

[00:31:26] So I think, it depends on sort of, I guess, which employees specifically you're talking about, as well.

Laurie McWright:

[00:31:33] No, absolutely that's a great way that's a great way to think about it. So if there are specific questions that folks want to send to us in the VBID email box, we'd be happy to take those and to think about more specific answers there. But that gives you hopefully lots of information to work with.

Trudel Pare:

[00:32:00] Yeah, thank you both for that helpful explanation. All right, so Sibel, I think maybe one or two more for you, and then Laurie, back to you. So what if we don't have a contract with a Medicare Advantage Organization?

Sibel Ozcelik:

[00:32:24] Okay. That's a great question. So if you don't have a contract with a participating Medicare Advantage Organization, or specifically one of their plans that are participating, to provide I assume hospice services, then in that event, if you provide hospice services to one of their members, or one of their, the Medicare beneficiaries enrolled in that participating plan, again you should follow the billing guidance that was shared, and then in terms of payment, you'll be paid 100 percent original Medicare rates.

[00:32:58] So it's not as though there's a change in sort of the payment rate, but it's still really important that you're communicating with that MAO, or the plan, so in order to coordinate and provide the best care possible for that Medicare beneficiary.

Trudel Pare:

[00:33:23] Thanks, Sibel. Okay. And then one more for you, and then Laurie, I'll switch back to ask you a few questions. So, can you choose not to enter in a contracting relationship and continue to bill fee-for-service Medicare?

Sibel Ozcelik:

[00:33:44] No. So, in terms of sort of -- sorry, you can choose not to enter into a contracting relationship. Contractual decisions are made solely between the hospice provider and the MAO; CMS does not intervene. But if you do choose not to contract, you can't just bill fee-for-service and expect that Original Medicare or your MAC will provide payment for services provided to a participating plan enrollee. You do have to bill the participating plan in order to receive payment for the hospice services that you provide.

Trudel Pare:

[00:34:26] Thanks, Sibel. Okay, so Laurie, back over to you. Is there an easy map or resource to see which areas by county have the VBID Hospice Benefit added?

Laurie McWright:

[00:34:47] That's a great question. I believe, have we posted, have we actually had the ability to post a map? I know we were looking into that, and trying to make sure we have the technology to post that. I'm going to defer that to Sibel, while she's thinking about it, we basically have nine organizations through 53 plan benefit packages that are participating, that's in, as I said, 13 states and one territory, I believe, over like, over 200 counties. But I don't recall off the top of my head, have we actually posted a map at this point?

[00:35:37] I know we were trying to see if we could get that done, and I'm not sure where we landed.

Sibel Ozcelik:

[00:35:43] Yeah no, it's a great question. Unfortunately, given some of the settings of our federal systems, our website browsers, we weren't able to post an interactive map. But what we do have is, you can download the spreadsheet again, and you can sort on the spreadsheet by state so that you can see which counties have a participating plan that's providing or offering the hospice benefit component.

[00:36:13] Additionally, we have state by state letters that you can download also in that region education tab, and depending on which state you pick, it'll outline what specific counties for that state are in the model itself. So we have a number of alternative resources in the event -- in place of a map.

Laurie McWright:

[00:36:37] No that's great to, yeah. That's great to know for folks that are interested I could run through the states we have: Massachusetts, Hawaii, Georgia, Indiana, Kentucky, Ohio, Virginia, Idaho, Utah, California, New Mexico, New York, and then in Puerto Rico as well.

Trudel Pare:

[00:37:12] And one thing I would just add really quick too is we have, from one of our previous office hours, we walked through how to access that list, and also the information that's on the list. So that video showing how to access those resources is also on our VBID Model website. Sorry Laurie, I'll defer back to you, if you have anything else to add.

Laurie McWright:

[00:37:40] Yeah, thank you Trudel. Very good point.

Trudel Pare:

[00:37:49] All right. So next question, and Laurie, if you don't mind answering this one as well, is it correct that you have to send claims to both the managed care organization and fee-for-service Medicare?

Laurie McWright:

[00:38:06] Yeah, absolutely, I think we've addressed that a couple times, but it's such an important point, happy to take that and in fact, we do require that there is a dual submission process for payment purposes, the claims would need to go to the Medicare Advantage Organization that is, that's in the Model, in the service area. Whether you're contracted or not contracted, your payment would be coming from the Managed Care Organization.

[00:38:45] But at the same time, we do request that you send the claims also to the MAC in your area, and so we can be tracking the claims and if there are issues that come up, we're better suited to be able to understand issues and help with that kind of tracking. Sibel, if you'd add anything, but that would be how I would think about it.

Sibel Ozcelik:

[00:39:19] Yeah, no, the only other thing that I would add, and this goes back to an earlier question that we got how you submit claims depends on your -- the clearinghouse you work

with, or your claims processes. So you could either concurrently submit the claims to the participating plan, and to your MAC, or perhaps you could submit initially the claims first to CMS through the MAC and then subsequently submit the claim to the MAO.

[00:39:53] It really depends on sort of how your billing and claims processing systems are set up, and whether you have the capability, for example, to submit claims to two primary cares if you have to submit first primary to your MAC, and then secondary to the MAO. And you don't have to wait to get the remittance code back in order to do that second approach.

Laurie McWright:

[00:40:24] Yeah, that's great. Thank you.

Trudel Pare:

[00:40:29] Great, thank you both. Okay, so Laurie, one more for you, and then Sibel I'll switch back and ask you a few. So changing topics a little bit, do existing MAO plans who provide the VBID benefit in 2021 need to submit an application to continue participating in the same area in calendar year 2022, even if not expanding areas?

Laurie McWright:

[00:40:59] Oh that's a great -- yeah, so that's a great question. And we love that folks are thinking forward like that. In fact, yes, folks do need to submit an application for each year that a Managed Care Organization intends to participate. We basically, on the Value-Based Insurance Design Model side, that houses obviously the Hospice Benefit Component, what we do is we mirror the plan contracting cycle for the Medicare Advantage program. And that the submission, we have an application cycle that occurs prior to the June, the statutorily set June bid submission cycle.

[00:41:52] But for logistical reasons, we do our best to mirror that cycle, and so that there's less confusion and disruption, but to have an annual plan contracting application cycle is the way that the MA program runs its business.

Trudel Pare:

[00:42:25] Thanks so much, Laurie. All right. So shifting back over, Sibel. If a patient revoked or is discharged for any reason after electing hospice before January 1st, 2021, if they are to be readmitted and they have the VBID Model benefit, do we bill both the MA and the MAC or just the MAC as was done before?

Sibel Ozcelik:

[00:42:58] Yeah no, that's a great example. So if that patient reelects hospice in the 2021 calendar year, and they are enrolled in a VBID Hospice Benefit Component participating plan, we will bill both the MA plan and the MAC, because again, this is a new election occurring in 2021. So that's sort of your goal and role. Checking that the election occurred in 2021, or on -- and that they're enrolled in a participating plan.

[00:43:29] And as Trudel had mentioned, in one of our earlier office hour sessions, we actually walked through how to check for eligibility, and I strongly encourage you all to, if you haven't done so, to review that webinar recording.

Trudel Pare:

[00:43:48] Thanks, Sibel. Okay. And then, another question about billing, which I think helps to confirm, do you have to be contracted with a particular Medicare Advantage plan to bill?

Sibel Ozcelik:

[00:44:37] So, you don't have to be contracted with a specific plan to bill, but you do want to make sure that the patient that you're providing care to is enrolled in a participating plan before you go ahead and bill the participating plan. So again, you don't have to have a contract in order to bill a plan that's participating in the Hospice Benefit Component if you provide hospice care. You do have to, if you're providing hospice services, be a Medicare-certified and enrolled hospice provider.

Trudel Pare:

[00:45:22] Thanks, Sibel. Okay. So, we have a couple of questions that have just come in. So bear with us, please keep submitting your questions if you have further questions. I think there are only a few left. And Sibel, I think the next one would be a good one for you. So, this was submitted in our chat box, and they asked, can a beneficiary change their Medicare Advantage plans throughout calendar year 2021?

Sibel Ozcelik:

[00:46:14] Yeah, so Medicare beneficiaries have specific enrollment periods where they can either switch from fee for service to MA, or they can switch from one specific MA plan to another MA plan, and there are other specific enrollment rules around special election periods, all of those apply here. So you could have an instance where a Medicare beneficiary switches into a Medicare Advantage plan that's participating in the hospice benefit component, that can happen. So it's not as though it's prohibited or something of that nature.

[00:46:56] None of the enrollment requirements have been waived in the Model itself. I don't know Laurie if you would have other things to add to that?

Laurie McWright:

[00:47:07] No actually, I think that's a good answer, perhaps beyond the scope of the, of this Q&A session to detail those, but Sibel is right, there's a series of enrollment periods for different purposes throughout the year for beneficiaries and beneficiaries who have the low income subsidy status have different rules. So I think it is possible that plans -- I'm sorry, that beneficiaries would be switching plans during the plan year.

[00:48:04] And that's the kind of question, if you, if the author of that question has more specific questions hearing that answer, feel free to use the VBID email box, and we can follow up with specifics of the scenario you're thinking about.

Trudel Pare:

[00:48:36] Thanks, Laurie.

Laurie McWright:

[00:48:37] Sure!

Trudel Pare:

[00:48:38] And thanks, Sibel. Okay, so I think we only have one more question right now. So Laurie, I'll ask you this question, but others please keep submitting questions if you have any. Can you please repeat the website to gain access to all the previous recordings and other resources for questions after the call?

Laurie McWright:

[00:49:07] Ooh, okay, let's see. I mean there's a variety of websites, I believe we're going to, that we're going to go, in our live Q&A answer session page that's up, I believe, on the screen now there's a variety of resources we've posted. I'm not sure which one the author of the question is interested in. The general CMS Innovation website page for the VBID Hospice Benefit is a great resource, the initial link that's posted up I think is a good one to use. If I would to say it out, <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview>.

[00:50:29] And that will take you to the website and give you a lot of good information for hospice providers, and as Sibel described, the information about participating MAOs, and service areas, and contact information, is in -- posted on the website through sheets to be able to use, so lots of good information there.

Trudel Pare:

[00:51:06] Thanks, Laurie.

Laurie McWright:

[00:51:08] Sure!

Trudel Pare:

[00:51:10] So we got a couple more questions. Laurie, I'll ask you this one, and then, Sibel, I'll switch back and ask you a couple questions. So when will we know what states are eligible to have MA plans apply for calendar year 2022?

Laurie McWright:

[00:51:33] No, good question. As we talked about earlier in the session, the states in -- which are eligible have to do with the Managed Care Organizations, the Medicare Advantage Organizations, and where they're located across the country. It is, it's permitted, all of the states across the country are eligible to participate, but it really, it's got to do with the, with where the managed care organizations are located, which states are actually there. So in terms of, it's not, we have 13 states participating this year.

[00:52:35] But it's because the Managed Care Organizations that are participating are located in service areas of those states. That makes sense?

Trudel Pare:

[00:52:54] Yes. Yes, Laurie.

Laurie McWright:

[00:52:58] So, and I think -- oh I don't know, I'm not sure. Yeah.

Sibel Ozcelik:

[00:53:02] What I was going to add is when -- so right now we're in an application, open application period for 2022, so MAOs will be submitting their applications once the application portal goes live by February 1st, up until April 16th, and then CMS will thoroughly review those applications, and it's not until -- and we review applications for a number of different, for a number of months, because we have to take into account the bid and the plan benefit package, in addition to the application materials that are submitted.

[00:53:39] And usually, we don't announce who has been officially approved until the fall of 2021. So this past year, we announced in September 2020, so I would imagine a similar timeframe to announce who's participating for 2022, we'll likely upload a similar spreadsheet as this past year, which will contain the states information as well.

Laurie McWright:

[00:54:09] That's a lot of good information, Sibel. I would just say we typically, those announcements on plan participation are -- it's competitively held, because of the Office of the Actuary runs their bid season, and then contracts are signed, and so we can't, from an announcement perspective, get ahead of that process. Yeah.

[00:54:44] Okay. And so it looks like we're close. I believe probably we should go ahead and wrap up at this point. Very, appreciate all the questions, it's clear people are in the mode of learning, and understanding, and as I believe Sibel mentioned earlier, that we will continue to be posting webinar events, providing technical support, not only for those participating in the Model this year, but those that are interested in understanding more for the following year, for the application season that's open for 2022.

[00:55:43] So again, the VBID mailbox is a good resource for that we will be hosting an office hours session about the actual 2022 applications and answering any questions next month. We will look forward to giving you additional information about the VBID Model during that time, as we talked about before, we have live question and answer sessions that we would envision having throughout the spring, planning for '22.

[00:56:34] In addition the resources on this slide I think are great to note, and we'll get these slides posted as Sibel described, as quickly as we can next week. Remember our VBID mailbox, VBID@cms.hms.gov, for questions or comments. I want to thank my colleagues, Sibel and Trudel and Julia. We look forward to continuing to work with you all, reach out with any questions that you have and appreciate your time today. Thank you.

END OF VIDEO FILE