DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard

Baltimore, Maryland 21244-1850



Centers for Medicare & Medicaid Services

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

Calendar Year 2021 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 five 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 2021.

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

<Health Plan Name and/or Logo> <Medicare Logo> <Plan Name> < A Medicare Health Plan with Prescription Drug Coverage> ${f Medicare R}$ Prescription Drug Coverage **Member Name:** < Cardholder Name> **RxBIN:** <RxBIN#> **Member ID:** <Cardholder ID#> **RxPCN:** <RxPCN#> Health Plan: <Card Issuer Identifier> **RxGRP:** <RxGRP#> **Effective Date:** <Coverage Start Date> **RxID:** $\langle RxID\# \rangle$ **PCP Name:** <PCP Name> **PCP Phone:** <PCP Phone> **Copays:** PCP/Specialist: \$x ER: \$x [insert if applicable: Rx: \$x] Example: "H1234-001" <CMS Contract #><Plan Benefit Package #>

	STEP 2: If the patient is in an MA plan and the hospice election date is on or after January 1, 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 sent to you in November. The list is also on the Model website https://innovation.cms.gov/media/document/vbid-cy2021-hoospice-contact-info-geo
	If this information matches, 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 has been sent to you and is also 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.
	r assistance in triaging any issues or questions with billing, please contact your patient's AO, your local MAC, or CMS at VBID@CMS.HHS.gov .
For more information, visit https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview , or email VBID@CMS.HHS.gov .	