

Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model: Hospice Provider Webinar

**What You Need to Know About
Calendar Year (CY) 2023**

December 1, 2022

Center for Medicare & Medicaid Innovation

Centers for Medicare & Medicaid Services



Agenda

- Overview of the Hospice Benefit Component and Key Policies for CY 2023
- CY 2023 Medicare Advantage Organizations (MAOs) Participating in the Hospice Benefit Component
- Billing and Claims Processes under the Hospice Benefit Component
- Overview of VBID 2020-2021 Evaluation Report
- Contacting the VBID Model Team
- Q&A

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Overview of the VBID Hospice Benefit Component and Key Policies for CY 2023

Overview of Hospice Benefit Component

Goal: Enables a seamless care continuum that improves quality and timely access to palliative and hospice care in a way that fully respects beneficiaries and caregivers

1. Maintains the full scope of the current Medicare hospice benefit

2. Focuses on improved access to palliative care

3. Enables transitional concurrent care for enrollees

4. Introduces additional hospice-specific supplemental benefits

5. Promotes care transparency and quality through actionable, meaningful measures

6. Maintains broad choice and improves access to hospice

7. Utilizes a budget neutral payment approach to facilitate all of the above aims

Key Policy Updates to the Hospice Benefit Component in CY 2023

- Medicare Advantage Organizations (MAOs) that are beginning at least their second year of participation in the Model Component must meet quantitative and qualitative network adequacy standards.
 - The quantitative standard is referred to as the **minimum number of providers (MNP)** requirement.
 - The qualitative standard is referred to as the **comprehensive network development strategy** requirement.
- All participating MAOs had to submit Health Equity Plans to:
 - Identify, address and monitor any potential inequities in access, outcomes, and/or enrollee experience of care as it relates to palliative care, transitional concurrent care, and hospice; and
 - Describe how they will engage enrollees, caregivers, and providers.

Release of the CY 2023 MNP Data Book

- Stakeholders can find further information about the specific MNP requirements for the CY 2023 participating MAOs through a downloadable spreadsheet found at the following link:

<https://innovation.cms.gov/media/document/vbid-cy23-hospice-mnp-databook-public>

- These data should be used for informational purposes only. Viewers should note that these data do not include any reference to and should not be used to make any inferences regarding the actual number of in-network hospice providers serving a particular county within the service area of a CY 2023 participating MAO.

Key Policies and Requirements for CY 2023

As in CY 2021 and CY 2022:

- Participating MAOs must continue to cover hospice care for enrollees who choose to elect hospice through an in-network **or** out-of-network hospice provider.
- Participating MAOs must continue to pay for out-of-network hospice care at 100% of Original Medicare rates, including physician services and the service intensity add-on (SIA) payments.
- Participating MAOs must continue to pay for any unrelated services and/or post-hospice live discharge costs, **as long as** they are deemed to be appropriate and medically necessary.
- Participating MAOs continue to be prohibited from applying any prior authorization to hospice care related to the enrollee's terminal condition.

CY 2023 MAOs Participating in the Hospice Benefit Component

Hospice Benefit Component Participants in CY 2023

- In CY 2023 there will be 15 MAOs participating with a total of 119 plan benefit packages (PBPs).
- The service areas of these 119 PBP will cover 806 counties across 23 states and Puerto Rico.
- For reference, in 2022, there are 13 participating MAOs with 115 PBPs that cover 461 counties across 21 states and Puerto Rico.

CY 2023 Participating MAOs

New Participants

- **Highmark Health** with plans in select counties in Pennsylvania
- **Louisiana Health Service & Indemnity Company** with plans in select counties in Arkansas, Louisiana, and Mississippi
- **Marquis Companies I, Inc.** with plans in select counties in Oregon
- **SCAN Group** with plans in select counties in California

Returning Participants

- **Cambia Health Solutions, Inc.** with returning plans in select counties in Oregon, Utah, and Washington
- **Catholic Health Care System** with returning plans in select counties in New York
- **CVS Health Corporation** with new and returning plans in select counties in Ohio and Pennsylvania
- **Elevance Health, Inc.** with new and returning plans in select counties in Puerto Rico
- **Guidewell Mutual Holding Corporation** with new and returning plans in select counties in Puerto Rico
- **Hawaii Medical Service Association** with returning plans in select counties in Hawaii
- **Humana Inc.** with new and returning plans in select counties in Colorado, Florida, Georgia, Indiana, Kentucky, Ohio, Virginia, and Wisconsin
- **Kaiser Foundation Health Plan, Inc.** with new and returning plans in select counties in California
- **Presbyterian Healthcare Services** with returning plans in select counties in New Mexico
- **UnitedHealth Group** with new and returning plans in select counties in Alabama, Illinois, Oklahoma, and Texas
- **Visiting Nurse Service of New York** with returning plans in select counties in New York

Contacting the CY 2023 Participating MAOs

- Hospice providers should reach out directly to the participating MAOs for any specific questions regarding processes related to claims and notifications submissions, claims and notifications processing, clinical questions, and network participation.
- Hospice providers can find the contact information of key plan staff (as provided by the participating MAOs) in two places:
 - For general contact information for the participating MAOs, see: <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-participating-plans>
 - For a downloadable spreadsheet that contains a list of the participating PBPs in CY 2022 along with the contact information of key plan staff involved in the Hospice Benefit Component, see: <https://innovation.cms.gov/media/document/vbid-cy2023-hospice-contact-info-geo>

Billing and Claims Processes under the Hospice Benefit Component

Billing and Claims under the Hospice Benefit Component

- Hospice providers must send all notices and claims to **both** the participating MAO **and** the relevant MAC on a timely basis.
 - The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
 - If a provider contracts with an MAO, they must still submit claims to the MAC as they typically would despite any in-network requirements.
- If a hospice provider contracts to provide hospice services with a participating MAO, CMS encourages the provider to confirm billing and processing steps before January 1, 2023, as they may be different.
 - **NOTE:** If a hospice provider chooses not to contract, the participating MAO must continue to pay the hospice provider at least equivalent to Original Medicare rates for Medicare-covered hospice care.
- Hospice providers should keep in mind that a patient may travel for their hospice care so they may see a patient enrolled in one of the participating plans offering coverage not in their service area.
 - **Example:** A patient with coverage from a participating plan whose service area is in Ohio may travel to receive hospice care from a hospice provider in Florida and remains enrolled in their Ohio plan. The provider should submit all notices and claims to the plan in Ohio.

Billing and Claims under the Hospice Benefit Component

- Check eligibility 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.
 - Directions for determining a patient's eligibility and how to submit claims under the VBID Model can be found on the VBID website: <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-billing-payment>
 - Hospice providers should check if their hospice patient was enrolled in a MA plan participating in the Hospice Benefit Component in 2021, 2022, AND/OR 2023.
 - The patient's MA contract number and PBP identification information should be compared to the list of participating PBPs to determine the next step for submitting claims.

Overview of VBID 2020-2021 Evaluation Report

RAND conducted a mixed methods assessment of the first year of VBID-Hospice

Analyses of



- VBID applications
- Characteristics of participants and nonparticipants
- Utilization of component services

Interviews with



- Participant Organizations (PO)
- Hospices

Difference-in-differences regressions of



- Enrollment
- Bids
- Premiums
- Mandatory supplemental benefits projected costs

The current evaluation focused on a subset of plan-level outcomes



Participation
in the Model test



Implementation of
VBID interventions



PO and hospice
experiences with the
Model



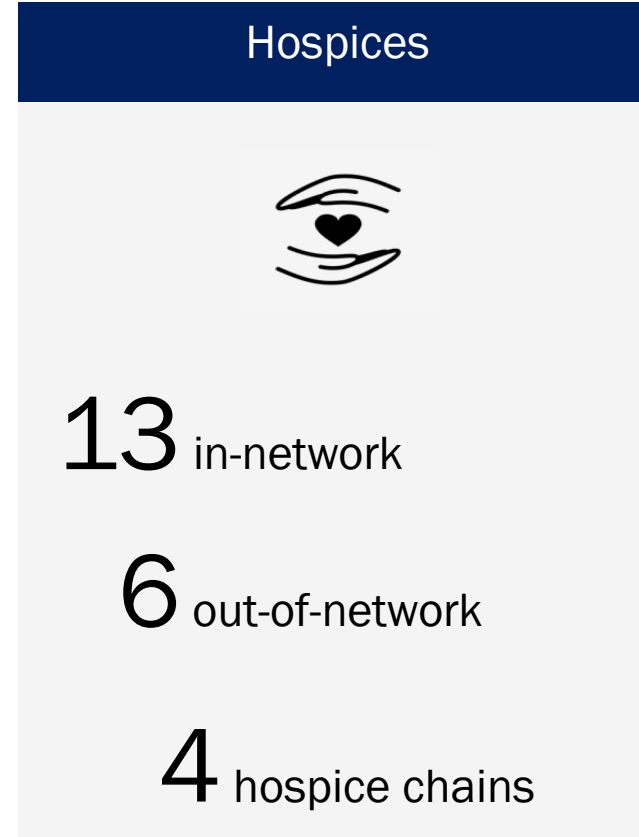
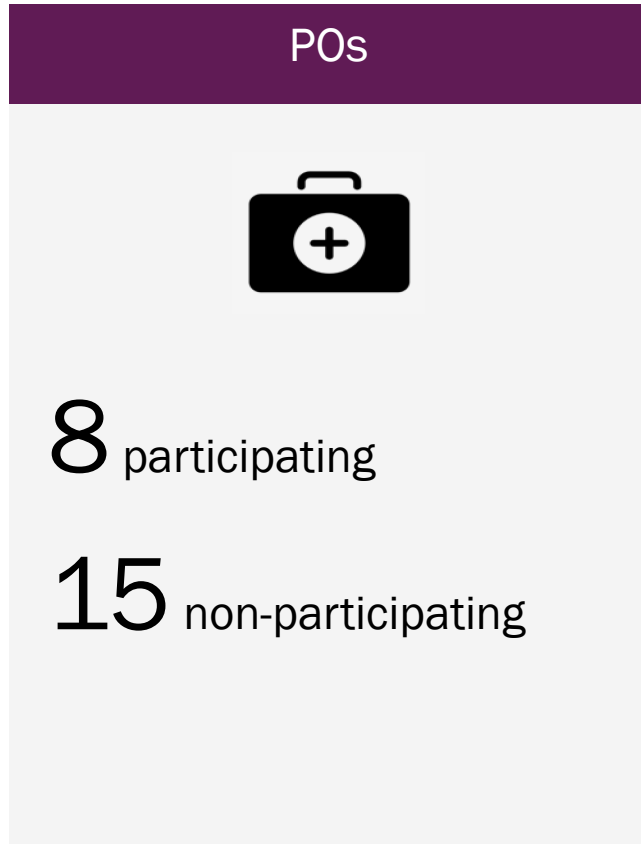
Effects on enrollment



Effects on plan bids

Additional research questions will be addressed in future reports.

In 2021, RAND engaged with a range of stakeholders



Semi-structured interviews covered a wide range of topics

Participating POs

- Reasons for implementing a component
- Implementation experiences
- Establishing hospice networks and working with hospices

Hospices

- Reasons for joining or not joining hospice networks
- Contract negotiations and working with POs
- Perceptions of the Hospice component
- Implementation experiences, successes, and challenges
- Impact of the Model test

POs described different approaches to hospice networks

- Number of hospices
 - Some included 1 or 2 hospices in networks
 - Others contracted with all hospices in their service area
- Established payment rates
 - Some offered full fee-for-service hospice payment rates
 - Others offered lower rates, assuming additional referrals or other upstream services would offset
- Common theme: All had prior relationships with hospices

POs had similar views of challenges associated with the model

Moderate challenges reported

- Model test data reporting requirements
- Identification and tracking of eligible beneficiaries
- Communicating Hospice component benefits information to hospices and other providers
- Claims processing and payment
- Oversight of care delivery

Most POs reported that challenges diminished over time

Hospices joined PO networks mainly because of their long-term business outlook

Reasons to join

- Offer patients more choice, benefits at end of life
- Pursue long-term viability
- Be an early adopter of new model of care
- Build on PO relationships
- Meet expectations from POs

Biggest identified challenge in negotiation process was rates, with concerns about whether additional volume would be realized and offset additional effort required.

Some hospices described challenges with PO oversight and provision of Model component services

PO reporting and oversight

- Extensive PO reporting requirements
- Burdensome oversight
- Navigating involvement in clinical decision-making

Transitional concurrent care (TCC) and supplemental benefits

- Lack of clarity about TCC covered services and duration
- Feasibility of implementing supplemental hospice benefits

Key implementation facilitators varied for POs and in-network hospices

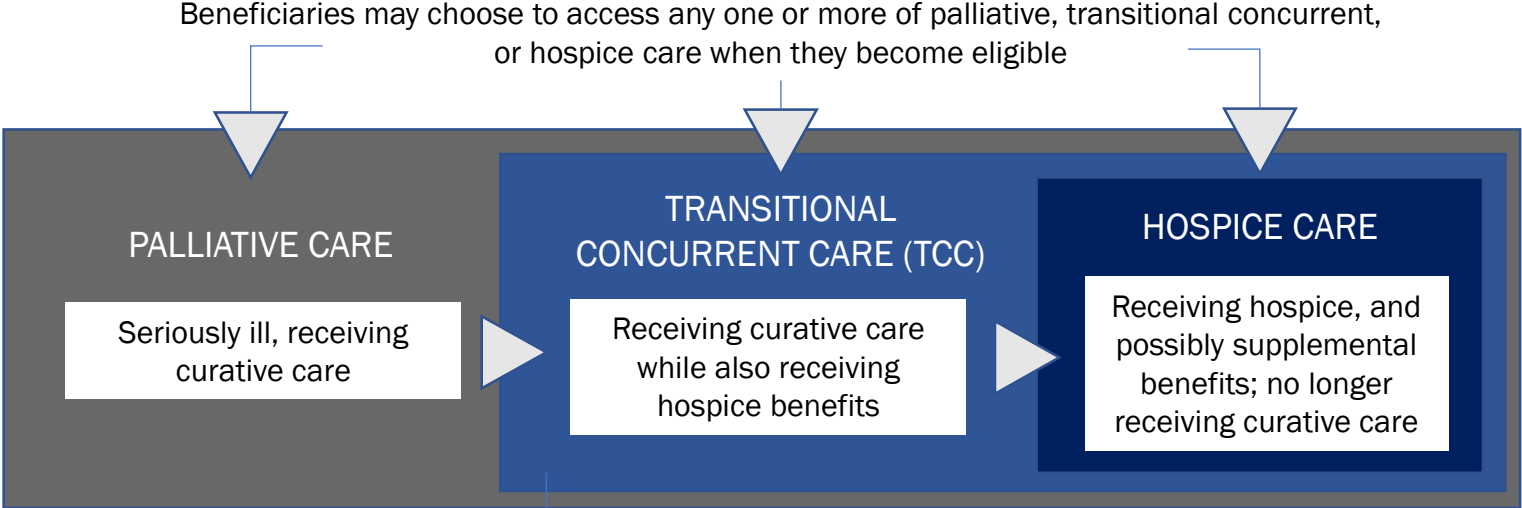
POs

- Leadership support
- Cross-functional teams

Hospices

- Educating hospice team and other providers about model eligibility and processes
- Prior relationships with POs
- Case management

Utilization of Hospice services was lower than POs expected



Hospice benefits become available with an expected six-month prognosis

In 2021...

2,596
beneficiaries used
palliative care

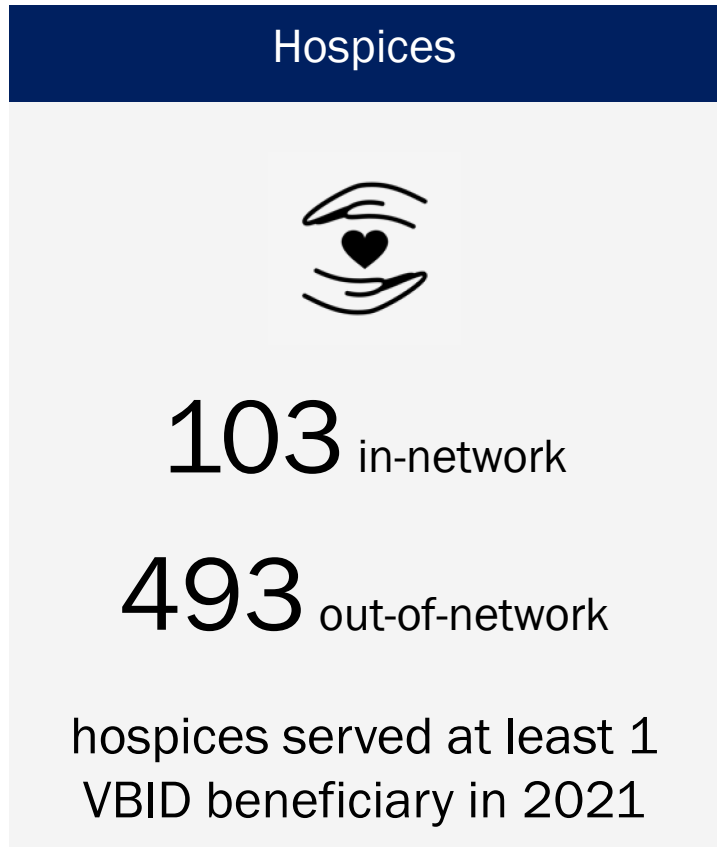
146
beneficiaries used
TCC

9,630
beneficiaries enrolled
in hospice
*525 received hospice supplemental
benefits*

But there was substantial variation across POs

- Palliative care
 - Ranged from 0-700+ beneficiaries per PO
 - Average number of days received was 111, ranging from 3-200+
- Transitional concurrent care
 - Ranged from 0-80+ beneficiaries per PO
 - Average number of days received was 3-60+

About 1/3 of VBID hospice enrollees received care from an in-network hospice



POs varied in the proportion of enrollees choosing an in-network hospice, ranging from 10-98%.

The median in-network hospice provided care to 16 VBID Hospice enrollees. For out-of-network hospices, the median number seen was 3.

Compared to out-of-network hospices, more in-network hospices were:

- Large
- Part of a hospice chain
- In rural areas

There were few statistically significant relationships between hospice participation and outcomes

No effects on enrollment, combined MAPD bids or premiums, or projected costs of mandatory supplemental benefits



Outcomes analyzed in this report reflect decisions that are made in advance

Prospective

Enrollment



Choices are made prior to the start of the plan year

Bids



Outcomes reflect actuarial assumptions, not necessarily realized experience

Future reports will assess *retrospective, beneficiary-level* outcomes (e.g., utilization and spending)

Early evidence suggests VBID-Hospice is just getting underway

- The Hospice Benefit Component represents a notable departure from how the hospice benefit has been delivered to MA enrollees.
- POs and hospices reported that implementation was a substantial undertaking. Many challenges diminished with time.
- Uptake of palliative care, TCC, and hospice supplemental benefits were lower than expected.
- Participation in the Hospice Benefit Component was not associated with changes in plan-level enrollment, combined MAPD bids and premiums, or projected costs of mandatory supplemental benefits.

Contacting the VBID Model Team

Contacting the VBID Model Team

- All stakeholders can reach out to the VBID Model Team with any questions, comments, or concerns about the Hospice Benefit Component at VBID@cms.hhs.gov.
- The Hospice Benefit Component webpage can be found here: <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview>
- The CY 2023 Request for Applications (RFA) detailing the Hospice Benefit Component's policies can be found here: <https://innovation.cms.gov/media/document/cy-2023-rfa-vbid-hospice-benefit-component>
- The CY 2023 Monitoring Guidelines for the Hospice Benefit Component can be found here: <https://innovation.cms.gov/media/document/vbid-cy2023-hospice-monitoring>

Thank you for joining us today!

Please email us with any questions at:
VBID@cms.hhs.gov