

CY2023 VBID Hospice Benefit Component Hospice

Provider Webinar

Thursday, December 1, 2022

John Cialek:

Thank you for joining this office hour session with the Value-Based Insurance Design, or VBID Model's Hospice Benefit Component. Questions can be submitted through the Q&A panel. Be sure to select all panelists so all presenters can see your question. 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 over the presentation to Sibel Ozcelik, the Deputy Director of CMMI's Division of Health Plan Innovation. [00:00:41]

Sibel Ozcelik:

Thanks so much. Hi everyone, and thank you for joining us today. My name is Sibel Ozcelik and I'm the Deputy Director of the Division of Health Plan Innovation, which is responsible for payment and service delivery models focused on Medicare Advantage and drug pricing. Together, along with other CMS Innovation Center Models, we focus on how we can improve quality for the beneficiaries we serve while reducing system cost. To orient everyone, let's start out by looking at our agenda for today. [00:01:16]

To begin, we'll provide an overview of the Hospice Benefit Component of the VBID Model, along with key policies you need to know for calendar year 2023. We'll then cover some key information about the Medicare Advantage Organizations, or MAOs participating in 2023, including how to reach them if you're a hospice provider. We'll also discuss billing and claims processing associated with the Model Hospice Benefit Component. [00:01:45]

This presentation will then pivot to our colleague joining us here today from the Research and Rapid Cycle Evaluation Group, Julia Driessen, to walk through the recently released VBID evaluation report with a focus on the Hospice Benefit Component experience in 2021. Finally, we'll wrap up with a walkthrough of some key resources and how to contact the VBID Model team before opening it up for question and answer. For the question and answer portion, we'll prioritize answers to frequently asked questions that we believe will help the audience, including hospice providers, the most. [00:02:22]

We appreciate all of your questions, and if we don't get to your question, we encourage you to submit them to the VBID Model mailbox as well. And if we don't have enough live questions to fill the allotted hour, we'll end early and give you all the time back. As with other technical

support, we have two major goals for today's sessions: one, provide information to hospice providers to support implementation in 2023, and two, answer questions and make sure you know about the variety of available resources. [00:02:53]

Now, with me here today, I have three wonderful colleagues who'll be running point on the rest of the webinar, including Tzvetomir Gradevski, the incredible lead of the Hospice Benefit Component of the VBID Model; Megan Coufal, an amazing member of our VBID Hospice Benefit Component team; and Julia Driessen, our amazing, resilient VBID Model Evaluation lead. [00:03:21]

Before digging in, I want to put out a disclaimer that, again, our goal here today is for educational purposes and general information sharing, as noted on the slide. With that, let's dig into our content today. I'll now pass it over to Tzvetomir. [00:03:38]

Tzvetomir Gradevski:

Thank you, Sibel. As most of you know, the Value-Based Insurance Design, or VBID Model more broadly allows for innovations in Medicare Advantage, providing MAOs with flexibilities to tailor benefit design to ultimately lead to high-value care for beneficiaries. One important innovation within the overall VBID model is the Hospice Benefit Component, which began in 2021. By way of background, the CMS Innovation Center is testing through the Hospice Benefit Component, the impact on payment and service delivery of incorporating the Medicare Hospice Benefit with the goal of creating a seamless care continuum for enrollees in the Medicare Advantage recommended program for Part A and B services. [00:04:24]

For MAOs that volunteer to be part of the Hospice Benefit Component, CMS will evaluate the impact on cost and quality of care for MA enrollees, including how the model component improves quality and timely access to the hospice benefit. Today, we'd like to review the seven primary elements of the Hospice Benefit Component. First, we've included strict guard rails and requirements for participating MAOs to maintain the Medicare Hospice Benefit as it is currently delivered today. This includes requirements that benefit cannot be unbundled. [00:04:53]

Hospice care needs to be delivered by a Medicare-participating hospice provider and that hospice care must include the typical scope of the four levels of care delivered by an interdisciplinary team. Second, each participating MAO must develop and implement a strategy to deliver timely and appropriate palliative care services to enrollees with a serious illness. This strategy must include, among other things, how MAOs will identify enrollees with a serious illness, what specific services will be made available to those enrollees, how care will be coordinated for those enrollees, and how care may be transitioned between palliative care and other types of care, such as hospice. [00:05:29]

Third, each participating MAO must develop and implement a strategy to offer Transitional Concurrent Care, or TCC, to all enrollees enrolled in hospice with an in-network hospice provider. TCC allows participating MAOs to cover, and hospice providers to deliver care, without regard for a distinction between curative and non-curative care during a hospice

selection. The purpose of TCC is to smooth any care transitions between non-hospice and hospice care along with alleviating any potential barriers to electing hospice because of enrollees concerned with stopping curative care, [00:06:02] or, if the model component allows participating MAOs to offer supplemental benefits specifically to enrollees who have elected hospice. We refer to these as hospice supplemental benefits. Fifth is our overall approach to monitoring and tracking the impact of the Model Component across four quality domains. The first is palliative care and goals of care experience. The second, enrollee experience and care coordination end-of-life. Third, hospice care quality and utilization. And fourth, new for 2023, implementation of health equity plans. [00:06:37]

Sixth, we've implemented a "phase-in approach" for requirements to lead to enrollee access to hospice care and the hospice networks of participating MAOs. I'll speak more to this point shortly for our 2023 policies, but I would like to emphasize now that across 2021, 2022, and 2023, enrollees maintain complete access to hospice providers, whether in and out-of-network, at cost-sharing rates no greater than original Medicare. Additionally, out-of-network hospices must be paid the same as they would by original Medicare. [00:07:06]

And the last element of the model is our approach to paying participating MAOs for enrollees who elect hospice, which takes the form of a separate capitated payment. There are two key policy updates we'd like to highlight for calendar year 2023: the first is network adequacy, and the second is health equity. With respect to network adequacy, in 2023, participating MAOs that have been in the model at least two years will now have to meet two requirements related to network adequacy. [00:07:35]

First, they must make sure they have a minimum number of hospice providers in network for their enrollees in each county of their service areas, and second, they must create and implement a comprehensive strategy for hospice network development. The first requirement to have a minimum number of hospice providers is what we refer to as the MNP requirement, and it serves as a quantitative measure of network adequacy. For example, we may calculate that an MAO needs to have at least four hospice providers in a county to have an adequate network. [00:08:03]

We'd then work with the MAO to determine if their network meets this requirement. Do they need to contract with additional hospice providers? Or, is an exception to the requirement necessary based on local patterns of care and the local capacity of hospice providers? [00:08:18]

The second requirement is a qualitative one which requires the MAOs to include specific elements in their network development strategies, such as: how they will ensure that each in-network hospice is able to deliver care in a timely manner across all local levels of care; how MAOs will engage hospice providers who have a history of strong relationships with their local communities; and detailing MAOs' efforts to ensure cultural competency throughout their hospice networks. [00:08:43]

The quantitative and qualitative requirements are designed to complement one another and work together to help form and ensure a full review of network adequacy so that we can measure and

track adequacy on more than just one dimension. With respect to health equity, we have required all participating MAOs to create and implement a health equity plan that will advance health equity in palliative care, transitional concurrent care, and hospice. CMS will monitor implementation of these health equity plans, and this monitoring will cover the following topics: [00:09:13]

identification of inequities in access outcomes and/or enroll experience; development and implementation of targeted interventions to address potential inequities identified in the health equity plans; engagement of enrollees, caregivers, and providers to understand needs and correct potential interventions; and, four, advancing equitable access in delivering palliative care, transitional concurrent care, and hospice care. [00:09:37]

Aligned with CMS's overall focus on health equity and the innovation center's strategy refresh, we believe these health equity plans will play a key role to address disparities in the three types of care I just mentioned. We're very excited about these initial phases of our health equity work in terms of how participating MAOs implement their health equity plans. We'd also like to note that as described in the 2023 request for applications for the Hospice Benefit Component, we have released the 2023 MNP Data Book, which is available at the link listed on this slide. [00:10:11]

This data book lists the MNP requirements for each county in the service area of a Plan Benefit Package, or PBP, that is subject to the phase two network adequacy requirements that I just mentioned. Please note that as described in this bullet and disclaimer, this data should be used for informational purposes only. And finally, we'd like to emphasize four key policies for 2023 that remain the same as we've implemented them in 2021 and 2022. [00:10:41]

First, 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 care at 100 percent original Medicare rates, including physician services and the Service Intensity Add-on, or 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. [00:11:10]

And participating MAOs continue to be prohibited from applying any prior authorization to hospice care related to the enrollee's terminal condition. With that, I'll pass things over to my colleague, Megan, to discuss the MAO participants for 2023. [00:11:26]

Megan Coufal:

Thank you, Tzvetomir. I'll now cover the participating MAOs for 2023, and how to contact them if you are a new provider. Thank you. As a quick overview, in 2023, there will be 15 MAOs participating with a total of 119 Plan Benefit Packages, or PBPs. The service area of these 119 PBPs will cover 806 counties across 23 states and Puerto Rico. For reference, in 2022, there were 13 participating MAOs with 113 PBPs that covered 461 counties across 21 states and Puerto Rico. [00:12:13]

On this slide, we have listed all 15 of the participating MAOs and categorized them into either new participants or returning participants. Please note that the returning participants may have expanded their service areas into new states, so we do encourage all hospice providers to closely review this list. The list of participating MAOs and their contact information can be found online on the Hospice Provider webpage, specifically dedicated to the Hospice Benefit Component of the VBID Model. [00:12:43]

In addition, as we've done in the past two years, for calendar year 2023, we'll also be sending out a mailer to hospice providers in service areas of our participating plans. And here we have provided two links: one to a webpage that lists out the primary contacts of the participating MAOs, along with a downloadable spreadsheet of the participating MAOs that includes a more expansive contact list and more information of the service areas of the CY 2023 participating MAOs. And I do see a number of questions coming in regarding the availability of these slides, and yes, the slides and a recording of the transcript will be made available about two weeks after this webinar. [00:13:22]

Hospice providers should reach out directly to the participating MAOs for any specific questions regarding processes related to questions and notification submissions, claims and notifications processing, clinical questions, and network participation. Next, we'd like to spend some time reviewing general requirements for billing and claims associated with the Hospice Benefit Component. As has been required in calendar year '21 and '22, in '23, hospice providers must continue to send all notices and claims for a patient with coverage from our participating PBP whose hospice election began on or after the PBP began participating in the Model to both the participating MAO and the relevant MAC on a timely basis. [00:14:13]

The MAO will process payment and the MAC will process the claim for informational and operational purposes for CMS to monitor the Model. If a provider contracts with a participating MAO, they must still submit the claim to the MAC as they typically would despite any in-network requirements. If a hospice provider contracts to provide hospice services for the participating MAO, CMS encourages the provider to continue billing and processing steps before January 21, 2023, as they may be different. Please note that if a hospice provider chooses not to contract, the participating MAO must continue to pay the hospice provider at least equivalent original Medicare rates for Medicare-covered hospice services. [00:14:56]

Hospice providers should also 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 their service area. So, for example, a patient with coverage from a participating plan whose service area is in Ohio might travel to receive hospice care from a hospice provider in Florida while remaining enrolled in their Ohio participating plan. The provider should submit all notices and claims to the plan in Ohio. [00:15:28]

To help hospice providers identify whether a patient has coverage through a participating PBP, we've provided a resource at the link on this slide. At a high level, the hospice provider should check for an MA enrollment card and identify the MA contract number and PBP identification

information on the MA enrollment card or use any one of a series of online tools or services, such as the MAC Portal, the MAC Interactive Voice Response System, Health Insurance Portability and Accountability Eligibly Transaction System, or billing agencies, clearinghouses, or software vendors. [00:16:04]

Please note that the MA's contract number and PBP identification information should then be compared to the list of participating PBPs to determine the next step for submitting claims. Additionally, on the hospice provider webpage, there are a number of tutorial webinars that walk providers through enrollment verification and billing processes in detail that we can recommend providers view. And with that, I will now turn things over to Julia to pivot to a presentation of the results of the recently released VBID evaluation report. [00:16:38]

Julia Driessen:

Great. Thanks, Megan. So as Sibel mentioned, I will be talking about the recently released [VBID 2020-2021 Evaluation Report](#). So, this report was released in mid-October and it's available on the CMS VBID website. In addition to the full report and appendices, you will also find two-page at-a-glance documents that will summarize the key takeaways that I'll be discussing here today. Before jumping into the findings, I think a little bit of context here might be helpful. [00:17:11]

While CMMI includes evaluation in the life cycle of model development and operationalization, the actual evaluation - and so the data analysis, the report writing - are conducted by an independent evaluator. In this case, RAND is the evaluator for VBID. This is an ongoing process, so this is the first report related to VBID Hospice, but in general, there will be multiple reports released over the life of the Model so that we're capturing the trajectory of the model over time. [00:17:45]

Another thing that's worth pointing out is that this is the 2020-2021 report covering what we know so far about VBID as a whole. Now, VBID includes multiple components, of which hospice is one, and so it's important to note that VBID Hospice is evaluated separately from the other components of the model. So here, what we'll be talking about is what the report is telling us about the 2021 VBID Hospice based on what we know so far. With that in mind, because this is the first year of the model, you'll find that this is relatively more focused on implementation and operation. [00:18:25]

In addition, there are analyses of data such as VBID applications, participant characterization, and descriptions of utilization of the Model components. In addition, the qualitative, more experiential aspects of 2021 VBID Hospice are captured through interviews both with participant organizations - so you'll see the reference PO, which is referring to Medicare Advantage organizations - as well as hospices that provided care as part of the Model, both in-network hospices and out-of-network hospices. [00:19:00]

And then finally, the third flavor of evaluation that you'll see here is what is called Difference in Differences Regression, which should key you into the notion of early impact estimates of what

we know about the model's impact on a number of outcomes so far at this point. As I mentioned, a variety of data sources, and a variety of different types of analysis, go into these reports. One of the things to keep in mind is that these data sources become available at different points over time. [00:19:37]

This is based on what we know right now in 2021 about VBID Hospice. One thing to point out that you will not see in this particular evaluation report is a focus on beneficiary level outcomes. What we're looking at on the 2021 report are plan-level outcomes. What I'll talk to you about today are things we know about participation, implementation, the actual experience of the Model from a variety of stakeholders, and then, again, early estimates of Model impacts with an additional bulk of questions to be addressed in future reports, taking advantage of data as it matures. [00:20:15]

As mentioned, an emphasis of this particular evaluation report is to capture experiences with the first year of the Model. As part of that, RAND conducted interviews with both plans as hospices. You'll see here that interviews with plans included those that were involved in VBID Hospice and those that were not, and then on the hospice side of the house, there were interviews with in-network hospices, out-of-network hospices, and then chains who had experience providing care both as an in-network provider as well as an out-of-network provider. [00:20:50]

These interviews were designed to cover a wide range of topics that were things we wouldn't understand just by looking at the quantitative data alone. On the plan side of things, the interviews focused on justifications for getting involved in VBID Hospice, the experience of implementing the model and operating it over the course of much of the first year, with a particular focus on the approach that plans took to standing up their networks and then working with hospices as the Model took off in 2021. [00:21:26]

Similarly, on the hospice side, one of the main focal points was this notion about the approach to network - so how hospices thought about the decision about whether or not to join a hospice network- and for those that did, thinking about what that experience was like, both in advance, in terms of contract negotiation, and working with POs, and then once the Model actually took effect in 2021. In addition, stepping back, hospices were also asked about their conceptual perceptions of the component as a whole and what they envisioned as potential impacts of the Model down the line. [00:22:01]

As an aside before I jump into this particular content, one of the things in terms of thinking about the way the narrative builds in this evaluation report is this is the very first year. There are a number of moving pieces, so thinking about what aspects of the Model were varied widely across participants or across plans and then what aspects of the model were very similar or had natural convergence across participants. I bring that up here because if we start with the findings from the plan interviews, one of the things that became very clear from those interviews is that plans approached networks in 2021 or hospice networks very differently. [00:22:46]

That is true along a number of lines. In this most basic level, plans were varied in the number of hospices that they chose to contract with. Some included one or two hospices for their in-network status while others chose to contract with all of the hospices in their service area. Similarly, there was variation in the approach to payment rates as part of in-network status, with some of the plans offering fee-for-service as payment rates for participation in a network, whereas others chose to offer lower rates with the assumption that the increase in volume or the additional upstream service availability would offset that rate reduction. [00:23:30]

One thing that all participating plans had in common is they had prior relationships working with hospices prior to the start of the Model. Now, while there was variation in the approach to networks, the views of the challenges associated with standing up the Model were very similar across plans. And the general themes around challenges that were cited referred to data, communication, and then other administrative functions. When we're thinking about data, that's reporting to CMS on the Model, so that's externally shifting data. [00:24:09]

And internally, things like identifying and tracking eligible beneficiaries in the Model, this notion of communication with providers, and then claims processing payments and care delivery oversights were the general flavors that came up relatively consistently across plans in the Model. The other thing that came out relatively strongly was the notion that these challenges largely diminished over time for plans during 2021. If we switch tracks and talk about the takeaways from the hospice interviews in the evaluation report, again, starting with this notion of networks, hospices identified joining networks in VBID Hospice with participating plans namely due to long-term business outlooks. [00:25:00]

So that includes thinking about the long-term of the Model, wanting to get in early and be an early adopter of a model of care, and, again, right, these plans generally had existing relationships with hospices - so to some extent, it was building off of those relationships - and there was also the patient-oriented view that hospices expressed, namely the notion of potentially improving access or offering patients additional services that was an appealing aspect of joining hospice networks as part of the model. In terms of the challenge, again, hospices were relatively consistent on this point. [00:25:34]

The biggest challenge that was identified related to negotiation of rates was this concern about the assumption of additional volume or additional services. Concern about whether or not that would be realized was a sticking point. In terms of actual approaches or experience with the Model on the ground in 2021, there was also relative consistency across hospices in the Model about what their challenges were, in terms of delivering care, and they generally took two flavors: one, this notion of working out the working relationship with the plans under the model - so thinking about things like reporting requirements, oversights, involvement in decision making - [00:26:23]

and then the smoothing out or working out the logistics of actually delivering some of the complementary services that compose part of the Model. So here, I'm talking about transitional concurrent care, so thinking about the definition of that duration, working out how that delivery

would work. Then, also, the notion of the supplemental benefit process, and how to implement and actually deliver those to patients as well. In terms of facilitators, for both plans and hospices, these were largely relationship-based. [00:26:56]

Thinking about the notion of teams, the prior relationships that folks were building on as part of the Model and in-network status, the idea of leadership, right? These were all drivers around facilitating, especially some of the challenges that I just discussed in terms of standing up and operating the Model in 2021. If we switch tracks now - so moving away from the interviews and thinking about the qualitative data analysis that you'll find in the evaluation report - descriptively, in terms of thinking about service utilization, by and large, utilization of hospice services was lower than participating plans were expecting in 2021. [00:27:41]

And you'll see some numbers there by individual model service, in terms of palliative care, TCC, hospice enrollment, and then hospice supplemental benefit receipt as part of the Model. And this is, again, for 2021. But in keeping with this notion of thinking about variation versus relative convergence, there was a lot of variation in utilization across the participating plans. So, for example, in terms of thinking about palliative care receipt, that ranged from anywhere from zero to more than 700 beneficiaries in a plan. [00:28:21]

And then even looking beyond the margin of receiving palliative care, the number of days received also varied widely across participating plans. This carried through to things like transitional concurrent care, where, again, there was variation in the number of beneficiaries that were receiving TCC as well as the number of days on which they received the TCC. So, there was a lot of variation beneath the surface of the overall numbers that we're reporting. [00:28:54]

And then finally, in terms of thematically circling back to this notion of networks that was covered in the interviews, if we think about, again, hospice utilization in the Model and the introduction of this in and out-of-network status, about one-third of the VBID Hospice enrollees in 2021 received care from an in-network hospice. And again, right, in keeping with this variation message, there was significant variation across participating plans in terms of what that proportion actually looks like. It ranged from anywhere from 10 percent of VBID Hospice enrollees in network to 90 percent. [00:29:35]

And again, this is relatively consistent or maps relatively linearly onto the notion that the participating plans varied in terms of how large or small their networks were, so that's not an entirely surprising fact that falls out. Overall, moving to the left-hand side for a moment, there were 596 hospices that provided care to VBID Hospice enrollees in 2021, 103 did that under an in-network designation and 493 who did that out-of-network. Switching back over to the right, the median in-network hospice provided care to 16 VBID Hospice enrollees, and for out-of-network hospices, that number was three. [00:30:20]

If we compare the characteristics of in and out-of-network hospices, the in-network hospices tended to be large. They were more likely to be part of a chain and located in rural areas. And as I mentioned, rounding out the quantitative component of this report is some early impact

analyses, and at this point, the general conclusion is that there are no detectable effects of the Model on enrollment, bids, premiums, and costs of mandatory supplemental benefits. [00:31:03]

And I say that with the caveat of early, because at this point, that's our perspective. This evaluation report looked at 2021 enrollment and 2021 bids, which are obviously decisions that are being made in advance of the Model going live in 2021. These are prospective early days, or signals, with the goal that looking ahead, the future reports will take a retrospective look. They'll examine beneficiary level outcomes and build out the picture that I've presented here. In general, the one-slide takeaway or one-sentence takeaway here from the report is that it's early days for VBID Hospice. [00:31:50]

It's just getting underway. Both the participating plans and hospices noted the substantial undertaking it was to operate as VBID in 2021, but that also, this was unsurprisingly a very dynamic first year of the Model with many of those challenges diminishing overtime. So ensuing reports will build off of this, in terms of what they focus on in capturing that dynamic trajectory of the Model moving forward. With that, I believe that I'm going to pass things back over to Megan. [00:32:27]

Megan Coufal:

Yes. Thank you very much, Julia. With that, we're going to go into some questions and give everyone just a minute or two to get any of these remaining questions in. Thank you so much. We wanted to provide some contact information for the VBID Model team here. Included here is our mailbox, as well as the hospice provider-facing webpage, as well as the 2023 RFA and the monitoring guidelines. So please always feel free to reach out to the VBID Model team at - VBID@cms.hhs.gov. [00:33:23]

We're happy to answer any questions or concerns that you may have, and additionally, we've provided links to the Hospice Benefit Component webpage along with a [link to the 2023 RFA](#). And so now we want to go on to answering some of the questions that you've submitted to us, and again, we'll answer what we can. Some of these will be the most commonly asked questions. And if we don't have the opportunity to answer your question, please feel free to follow up with us via reaching out at the VBID mailbox. [00:33:55]

All right. The first question we have is, "under the current VBID program, what's the last date that the new MAOs will be approved for participation"? We've announced that there will be another application cycle in 2024, and in the coming weeks, we plan to public the 2024 RFA, which will provide more information on this topic. Our second question here is, "I'm looking at the [Hospice Benefit Content information spreadsheet from the Innovation website](#). If an MAO is listed on the 2022 list and is no longer listed on the 2023 hospice service area list, can you confirm if they are no longer participating in 2023"? I'll pass that onto the team here. [00:34:43]

Tzvetomir Gradevski:

I can take that one. If an MAO is listed in the 2023 tab of the downloadable spreadsheet, that means they will be participating in 2023. Now, if an MAO is listed on the 2022 tab, that means

they're currently participating in 2022, but will not be participating in 2023. So, when you're looking for the participants of 2023, we would direct you to the 2023 tab there. [00:35:11]

Megan Coufal:

Great. Another question here on the plans, "So we noticed that there's a few MAOs that are participating in 2022 but won't be participating in 2023. Do we need to change how we'll bill our hospice patients that have coverage through one of the MAOs that won't be continuing in 2023?" Tzvetomir, do you want to take that one? [00:35:33]

Tzvetomir Gradevski:

Yes. So, let's outline the situation that's being described. So, in 2022, a hospice provider provides care for a hospice patient, and that patient has coverage from a participating MAO on one of its participating Plan Benefit Packages, or "PBPs". The hospice patient's election began during the time when the plan was in the Hospice Benefit Component. However, the MAO decides to no longer participate in 2023, but the patient's hospice election may go into 2023. If that does happen - it does go into 2023 - the provider should continue to bill the MAO for the patient's hospice care until the patient is discharged. [00:36:17]

The general rule here is that MAOs that previously participated in the Model must continue to cover through discharge all services provided to an enrollee who selected hospice in the year prior, when the MAO was participating in the Model. If there are any new hospice elections in 2023 in this example, the MAO's not financially responsible and the hospice provider should continue to bill the MAC as per usual. [00:36:50]

Megan Coufal:

Great. And one more question seems to have come through on something similar. The question's asking, "the participating MAO list seems to have the parent companies rather than the insurance plans that most providers recognize". So, Tzvetomir, can you direct providers where they might be able to find the names that they're more familiar with? [00:37:08]

Tzvetomir Gradevski:

Yes. To the question about what does PO stand for, that stands for Parent Organization, and so that's the name the insurance company might use more broadly. But as the question's pointed out, there might be more local plan names that they use. So we've listed out the plan names in the service area tab of the downloadable spreadsheet that we made available on the VBID Model [website](#). There, you'll find potentially the local plan names that you might be more used to seeing in your local markets, and so we would direct you to that information there. [00:37:43]

Megan Coufal:

Great. And we've got a question that came in related to the evaluation. Julia, "how many enrollees received hospice care under a VBID plan in 2021"? [00:37:55]

Julia Driessen:

In 2021, there were 9,630 enrollees who received hospice care under the VBID Hospice Model. [00:38:05]

Megan Coufal:

I see another question that says, some questions regarding how CMS enforces timely payment to hospice providers. Tzvetomir, do you want to speak to that? [00:38:24]

Tzvetomir Gradevski:

Yes, certainly. As we've outlined in our technical guidance, participating plans and MAOs are required to meet all timely payment requirements and Medicare regulation and guidance, including for hospice care and physician services. And we have more specific information about our monitoring approach listed in our 2023 Monitoring Guidelines that are publicly available on the VBID Model website. If you are a provider and are encountering issues after already reaching out to a participating MAO, we strongly encourage for you to reach out to us and the VBID Model team at VBID@cms.hhs.gov, and we'd like to hear more information about any potential issues that you might be experiencing there. [00:39:10]

Megan Coufal:

Great, thank you. There are some more questions coming in regarding payment here. I've gotten a question that says, "we've seen patients coming from other states who participate in the VBID Model. And what rate should these claims be paid out"? Tzvetomir, do you want to take that one? [00:39:35]

Tzvetomir Gradevski:

Yeah. We would expect the payment rate to be the same as an original Medicare, so wherever the place of service is at and the corresponding original Medicare rate. [00:39:53]

Megan Coufal:

Great. And this is a similar question, but "if you have a patient on MAO insurance and the hospice is not enrolled as a participant, can you contract with them one time"? I think that question is asking whether, if you're not in network, can you try and contract just once to get in network with a MAO as a provider? [00:40:26]

Tzvetomir Gradevski:

There are, I think, two parts to that response. For the first, as we've emphasized, hospice providers do not need to have a contractual agreement or be in network to receive payment from a participating MAO for any hospice care delivered. If you are out-of-network as a hospice provider, you will receive the corresponding original Medicare rate that you would normally receive. That being said, hospice providers are entirely free to contract with participating MAOs and the reimbursement rate will be whatever is negotiated through the contract between the hospice provider and the MAO. [00:41:05]

Now, it is ultimately up to the participating MAO how it wants to structure this contract, as well as part of the negotiation, so we would direct you to reach out to the MAO about how to structure that agreement. [00:41:21]

Megan Coufal:

Great. All right, thank you. I'm just going through the chat here and getting some remaining questions. A question about "if a national parent organization is participating, are all of its plans nationally participating"? Tzvetomir or Julia, do you want to take that one? [00:41:42]

Tzvetomir Gradevski:

I can take that one. So just because a national parent organization is participating does not mean that all of its MA plans are participating in the Model. So we would direct you to the downloadable spreadsheet, available on our Model [website](#), and that lists out each individual Plan Benefit Package, or PBP, that's participating in the Model. And just to circle back to another question, speaking of the downloadable spreadsheet, we did provide a series of contacts for the MAOs that are participating currently in 2022 and not in '23. [00:42:20]

Going back to my previous explanation of how to continue to bill for services, if a patient currently has coverage from one of the participating PBPs or MAOs that does not continue to 2023, the hospice provider should continue to bill the participating MAO into 2023 even though they are no longer participating. A participating MAO is still financially responsible for that care to the end of that patient's discharge from hospice. [00:42:55]

Megan Coufal:

Right, thank you for giving that explanation. Going through the rest of our questions here, and I think this is a really nice one, still going back to that spreadsheet that we've been referencing throughout. It says, "I'm a hospice provider and I've reached out to the local MAO for my county, and I've not heard anything back. What should I do"? I think this is a great question. Tzvetomir, do you want to address this one? [00:43:21]

Tzvetomir Gradevski:

Yes, certainly. If you have not heard back from the participating MAO and you have gone through our downloadable spreadsheet, where we list an exhaustive list of contacts, we would, one, encourage you to review the individual contacts that we have listed out there because they are divided by different sections or areas of responsibility. For example, there might be a specific contact just for claims and billing questions. We would encourage you to more closely look at that downloadable spreadsheet first. [00:43:53]

And then, if a couple weeks have gone by and you have not yet received response or any outreach from the participating MAO, please let us know by reaching out to the VBID mailbox, which is VBID@cms.hhs.gov, and what we can do on our end is conduct outreach to the participating MAO to make them aware of the outreach and to make sure that we have the right contact information listed on our [website](#). [00:44:19]

Megan Coufal:

Great, thank you. Another question here related to evaluation: “So where can we find the evaluation report”? Julia, do you want to speak to that? [00:44:29]

Julia Driessen:

Sure thing. The evaluation report is available on the [CMS VBID website](#). Beneath the webinar section, there’s a section for evaluation reports. You’ll find the report, the appendices, and then two-page summary-at-a-glance documents for the report released in October. [00:44:49]

Megan Coufal:

Great. Thank you. And then circling back here to submission, so we have a question about, “do we follow the notice of election Medicare requirements of five days”? I can take this one here. The hospice provider will be held to the NOE timely filing requirements for the MAC and may be held to NOE timely filing requirements for the MA plan separately. Hospice providers should check with their participating MA plans, and each MA plan might have different requirements, but those notice of election should go both to the MAC and to the MAO. Just going through, making sure we’ve got all of our questions here. [00:45:53]

Tzvetomir Gradevski:

I see one question in the chat: “If the patient moves from a participating state to a non-participating state, does the provider still bill the MAO or Medicare”? Something we’d like to reemphasize here is that the location of services does not impact how a hospice provider should bill for the hospice services that they delivered. If you are seeing a patient with coverage from one of the participating MAOs, you should indeed bill that participating MAO. So even when a patient might move outside the service area of one of the MAOs - and I think an example we gave - a patient may receive coverage from a plan whose service area includes parts of Ohio, and then decide to move to Florida, and in Florida, they begin their hospice selection. [00:46:42]

If you’re that hospice in Florida providing care to that patient, you should go ahead and bill the plan providing coverage in Ohio for the care that you’re delivering. [00:47:00]

Megan Coufal:

Great. Thank you. Julia, there’s some questions here to ask you to repeat something that you had talked about in your evaluation report. Do you want to address that one? [00:47:11]

Julia Driessen:

Yeah. There were, I think, a couple requests to repeat the characterization of in-network versus out-of-network hospices that I covered at the end. The statement I made from the report is that in-network hospices were more likely to be large, more likely to be part of a chain, and more likely to be located in rural areas. [00:47:40]

Megan Coufal:

Great, thank you. We have another question here that says, “we have patients who are receiving hospice care currently covered by Medicare, but they will be enrolled in VBID participating

plans as of 2023. So how is this going to affect our billing”? Sibel or Tzvetomir, do you want to take that one? [00:48:00]

Sibel Ozelik:

Yeah, I can take that one. If you have a patient who has elected hospice in 2022 and they’re enrolled in a VBID participating plan that’s newly participating in the Model in 2023, because that hospice election happened in 2022 and that plan is newly participating in the Model in 2023, you can continue to bill your Medicare Administrative Contractor - your MAC - today as you’ve always done. Now, if you have patients or you have new beneficiaries who newly elect hospice in 2023 who are also enrolled in a plan that’s newly participating in the VBID Model Hospice Benefit Component in 2023, you want to bill the plan for payment purpose. [00:48:58]

And then, again, submit your claim, your notice of election, your claims, your NOTRs to the MAC as well for monitoring purposes in addition to the plan. [00:49:12]

Megan Coufal:

Great, thank you. And we’ve got a question here that asks, “could we please restate the MNP per county for the MAO”? So that [MNP is the minimum number of providers](#), and as we mentioned in this presentation, we’ve recently published that workbook on the VBID Hospice website, and so you can find those specific numbers listed there. We really do thank you for all of these questions, and we do want to note that we will be using these to help us update our frequently asked questions on a periodic basis, and so we appreciate all these contributions. [00:50:05]

Sibel Ozelik:

I can’t remember if we got to this one, but I see a question in here that asks, “what does PO stand for”? PO is Parent Organization. So, when we refer to the PO, we’re talking about the Medicare Advantage Organization - your Humana, your United, et cetera - it’s the highest level. And then, of course, as Tzvetomir spoke about earlier, the national parent organization, or PO, has a number of different plans, and you want to make sure you’re looking at the contract ID and Plan Benefit Package to help identify which specific plan is participating in the VBID Model Hospice Benefit Component. [00:50:49]

So just because a high-level PO or Medicare Advantage organization is participating, it doesn’t necessarily mean that every single plan that they offer is also participating in the Model. So, you definitely want to use that spreadsheet that we reviewed and that is on the VBID Model [website](#) and take a close look at what plans are participating and where they’re being offered as well. [00:51:19]

Megan Coufal:

Great, thank you. And another question that’s come in. It says, “so do the MAOs need to follow the payment CMS Hospice rules but not the administrative CMS Hospice rules”? And so Tzvetomir, can you explain here? [00:51:33]

Tzvetomir Gradevski:

Yes, happy to. I'll use the specific example of an NOE filing timeline that the person who asked that question is using. The rules and administrative rules, for example, for submitting an NOE really depend on your network status. If you're an out-of-network hospice provider, the filing timeline for an NOE would be the same as in Medicare today. So, if you're an out-of-network hospice provider, you need to submit your NOE within five days. We generally have aligned the administrative rules for out-of-network providers with the current billing and administrative rules in original Medicare. [00:52:12]

With that being said, if you are in network and have a contractual agreement with a participating MAO, you are expected to follow whatever the terms are of that contract. If your organization has potentially agreed to filing an NOE within three days, that would be the new timeframe there, as described in the contract. [00:52:48]

Megan Coufal:

Thank you. Going through here to make sure we're addressing these questions. [00:52:55]

Sibel Ozcelik:

I see another one that might be a good one to answer. We sort of touched on this earlier, but there was a question about "if we've contacted a plan and we still haven't heard back, what do we do"? I want to reinforce what Tzvetomir said earlier. You want to make sure that the point of contact that you're contacting at the plan is the individual listed in that VBID Hospice contact information spreadsheet. As you all know, our organizations have lots of contacts. So you want to make sure you're reaching out to the VBID Hospice point of contact within the plan that's listed on the [VBID Model website](#). [00:53:42]

And of course, if you have not heard back, as Tzvetomir shared, please reach out to the VBID Model team, to CMS. We're here to help you and we'll make sure that we immediately contact the plan as well as ensure that the contact information listed on the [website](#) is up to date. [00:54:03]

Megan Coufal:

Great, thank you, yes. Echoing Sibel, please do reach out to that email address that we have listed here. Another question on the health equity plan that the MAOs had to submit, "will they be tracked on completion of health equity plans"? Yes, the VBID Model team is monitoring the implementation of those health equity plans going forward in 2023, and so that will be tracked to see how that's implemented. And I think our questions are slowing down at this point, and so we really do appreciate all these. And, again, please reach out to the team if there's more questions. [00:54:42]

I'm going to pass back over, I think, to Tzvetomir to wrap up for us. [00:54:50]

Tzvetomir Gradevski:

Great. Thank you, Megan. With that, I'd like to move to close our presentation for today. Just to reiterate, these slides and a recording of this presentation will be made available on the VBID Model website in the near future - in about a week or so - so please be on the lookout for the materials posted on the website there. And then we just want to thank everyone, all the attendees, for today's presentation. We really appreciate your attendance and all of the questions you've submitted to us. We're always here to help you with any questions you might have as the model is being implemented. [00:55:26]

So, as always, please feel free to reach out to the VBID Model team through the VBID Model mailbox, VBID@cms.hhs.gov. Thank you again for everyone and your attendance today. We hope you have a great rest of your day. Thank you.