



Centers for Medicare & Medicaid Services

DATE: November 14, 2022
TO: Medicare-enrolled Hospice Providers
FROM: Center for Medicare & Medicaid Services (CMS) Innovation Center
SUBJECT: IMPORTANT NOTICE: Billing Information Update Beginning January 1, 2023

Starting in January 2021, some plans offered by certain Medicare Advantage Organizations (MAOs) include the Medicare hospice benefit in their benefits package as part of a CMS Innovation Center Model. Under the Model, the participating MAOs are responsible for coverage and payment of all services covered by Original Medicare, including hospice. In 2023, the Model expanded to additional states and plans.

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

Which MAOs are in the Model for 2023?

New Participants
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Cambia Health Solutions, Inc. with <i>returning</i> plans in select counties in Oregon, Utah, and Washington • Catholic Health Care System with <i>returning</i> plans in select counties in New York • CVS Health Corporation with <i>new and returning</i> plans in select counties in Ohio and Pennsylvania • Elevance Health, Inc. with <i>new and returning</i> plans in select counties in Puerto Rico • Guidewell Mutual Holding Corporation with <i>new and returning</i> plans in select counties in Puerto Rico • Hawaii Medical Service Association with <i>returning</i> plans in select counties in Hawaii • Humana Inc. with <i>new and returning</i> plans in select counties in Colorado, Florida, Georgia, Indiana, Kentucky, Ohio, Virginia, and Wisconsin • Kaiser Foundation Health Plan, Inc. with <i>new and returning</i> plans in select counties in California • Presbyterian Healthcare Services with <i>returning</i> plans in select counties in New Mexico • UnitedHealth Group with <i>new and returning</i> plans in select counties in Alabama, Illinois, Oklahoma, and Texas • Visiting Nurse Service of New York with <i>returning</i> plans in select counties in New York

NOTE: Only SELECT plans are participating in the Model. CMS published a spreadsheet listing all plans, also known as plan benefit packages (PBPs), offered by the MAOs participating in the Model: <https://bit.ly/2023HospiceMAOs>. This spreadsheet contains plan contacts under the tab “CY23 VBID Hospice MAO Contact.” Additionally, you can find contact information for MAOs that participated in previous years, but will not participate in 2023, in the same spreadsheet. You should continue to bill these non-returning MAOs for hospice care delivered to patients whose elections began when the non-returning MAO was in the Model.

Some of the MAOs participating in the Model in 2023 are returning participants because they offered plans under the Model in 2022 and/or 2021. You may currently provide hospice care to a patient with coverage from a participating plan in 2022, who remained enrolled in that plan and elected hospice in 2022, and their hospice stay extends into 2023. If this occurs, continue to bill the plan through the end of the patient’s hospice stay. You may also currently provide hospice care to a patient with coverage from a participating plan in 2021, who remained enrolled in that plan and elected hospice in 2021, and their hospice stay extends into 2023. If this occurs, continue to bill the plan through the end of the patient’s hospice stay. If you provide hospice care to a patient with coverage from a new plan in 2023, these changes only apply if the patient’s hospice election begins on or after January 1, 2023.

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

1. You must send all notices and claims to **both** the participating MAO **and** your MAC. The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
2. If you contract to provide hospice services with the plan, be sure to confirm billing and processing steps before January 1, 2023, as they may be different.

Note: While we encourage you to reach out to participating MAOs about contracting opportunities, you are not required to contract. If you choose not to contract, a participating MAO must pay you at Original Medicare rates for Medicare-covered hospice care.

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

Where do I get more information?

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

- Visit the Hospice-Provider VBID webpage at <https://bit.ly/VBIDhospice>
- Contact us at VBID@cms.hhs.gov

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



Centers for Medicare & Medicaid Services

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

Calendar Year 2023 Hospice Provider Checklist

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

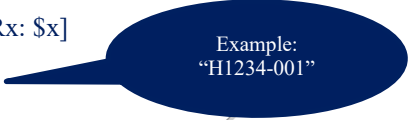
Follow these 5 steps for proper billing and claims processing:

- ❑ **STEP 1:** Confirm your patient’s Medicare eligibility and check for Medicare Advantage (MA) enrollment. If your patient shows you an MA enrollment card, move to Step 2. If your patient shows you a Medicare card with a Medicare Beneficiary Identifier, use either your normal process or any of the following online tools or services to check for MA enrollment:
 - MAC Portal
 - MAC Interactive Voice Response (IVR) System
 - Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)
 - Billing agencies, clearinghouses or software vendors

Reminder: Check the effective and termination dates to ensure the patient’s enrollment in the participating plan is for 2023.

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

<p><Health Plan Name and/or Logo> <Plan Name> < A Medicare Health Plan with Prescription Drug Coverage></p>	<p><Medicare Logo></p> <hr/> <p>Medicare_{Rx} Prescription Drug Coverage</p>
<p>Member Name: <Cardholder Name> Member ID: <Cardholder ID#> Health Plan: <Card Issuer Identifier> Effective Date: <Coverage Start Date></p>	<p>RxBIN: <RxBIN#> RxPCN: <RxPCN#> RxGRP: <RxGRP#> RxID: <RxID#></p>
<p>PCP Name: <PCP Name> PCP Phone: <PCP Phone> Copays: PCP/Specialist: \$x ER: \$x <i>[insert if applicable: Rx: \$x]</i></p>	
<p><CMS Contract #><Plan Benefit Package #></p>	



Example:
"H1234-001"

- ❑ **STEP 2:** If the patient is in an MA plan, identify the MA contract number and plan benefit package identification information on the MA enrollment card or by using one of the online tools or services in Step 1.

It will look like this: H#####. For example, H1234-001.

- ❑ **STEP 3:** Compare the information from Step 2 with the list of participating plans' information available on the Model webpage at <https://bit.ly/VBIDhospice> or available for you to directly download at <https://bit.ly/2023HospiceMAOs>.

For returning plans

If you match this information to a patient whose hospice election began *on or after January 1, 2021* and they are enrolled in a *returning* plan that began participating on January 1, 2021, your patient is in the Model.

If you match this information to a patient whose hospice election began *on or after January 1, 2022* and they are enrolled in a *returning* plan that began participating on January 1, 2022, your patient is in the Model.

If you match this information to a patient whose hospice election began *on or after January 1, 2023* and they are enrolled in a *new* plan, your patient is in the Model.

Please note: This is not a comprehensive review of all possible billing scenarios. If you have additional questions, please contact CMS at VBID@CMS.HHS.gov.

- ❑ **STEP 4:** If your patient is in a participating plan, check the billing and claims processes for the specific participating plan.

Please note: Plan contact information is available on the Model webpage. Participating MAOs in your service area will also be reaching out to you with billing information.

- ❑ **STEP 5:** Submit all notices and hospice claims to **both** your MAC and the participating MAO.

For assistance in triaging any issues or questions with billing, please contact your patient's MAO, your local MAC, or CMS at VBID@CMS.HHS.gov.

For more information, visit <https://bit.ly/VBIDhospice>, or email VBID@CMS.HHS.gov.