Calendar Year (CY) 2021 Hospice Benefit Component Operational And Technical Guidance

Value-Based Insurance Design (VBID) Model
CMS Innovation Center
November 2020

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Agenda

- Background on the Hospice Benefit Component
- Overview of the CY2021 Technical and Operational Guidance Document
- CY2021 Technical and Operational Guidance Document Details
- Next Steps
- Question and Answer

Presenters

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Hospice Benefit Component Background and Model Participation

Hospice Benefit Component Design

- The Hospice Benefit Component is a four-year voluntary component of the VBID Model (Jan 2021 through Dec 2024).

- Medicare Advantage Organizations (MAOs) offering eligible MA plans in all states, DC, and territories were able to apply to participate.

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

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Development Timeline at a Glance

Conducted Stakeholder Engagement

CMS conducted months of technical information gathering and received broad stakeholder input

Participants Announced & Technical Support Continues

Nine MAO Model Component Participants announced Sep 2020; CMS continues to provide robust technical support

| Jan 2019 | Calendar Year (CY) 2019 | Dec 2019 | CY2020 | Jan 2021 |

Announced Model Test

CMS announced that it would begin testing the inclusion of the Medicare hospice benefit in MA under the VBID Model for CY2021

Released RFA

VBID Model - Hospice Benefit Component Request for Applications (RFA) released

Model Test Begins

CMS will begin voluntary test of incorporation of the Medicare Hospice Benefit into MA

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Hospice Benefit Component: Summary of CY2021 Technical and Operational Guidance

Overview of the CY2021 Guidance

Who is this guidance for?

- MAOs participating in the Hospice Benefit Component in CY2021
- Medicare-certified hospice providers

What are the goals of this guidance and other implementation materials?

- Provide clarity for CY2021 implementation for hospice providers and participating MA plans
- Ensure hospice providers in participating MA plan service areas understand how billing and claims processing will work
- Provide contact information for each hospice provider to engage with participating MA plans

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Highlights of the CY2021 Guidance

Value-Based Insurance Design Model: Hospice Benefit Component

Calendar Year 2021 Technical and Operational Guidance

Topic	Description
Enrollment and Coverage	Coverage and continuity of care responsibilities of participating MAOs
Consultation Process	Voluntary consultation programs under Phase One
Care Transitions	Transitional concurrent care and coordinating transitions to hospice
Hospice Provider Limitations	Situations where an MAO suspects a hospice provider of posing risk of harm to enrollees
Out-of-Network Payments	Participating MAO requirements for making payments to out-of-network providers
Appeals and Grievances	Applicability of appeals and grievances to the Hospice Benefit Component
Billing and Claims Processing	Technical requirements for billing relationships between MAOs and hospice providers
Hospice Capitation Payments	Operational details of capitated hospice payments to participating MAOs

Key Requirements for Participating MAOs

Access:
Must permit access to all Medicare-certified hospice providers and pay at least Original Medicare rates for out-of-network hospice care

and

Must not utilize any form of prior authorization or utilization management related to hospice care

Prompt-payment standards:
Must comply with prompt payment standards for hospice providers, regardless of network status

Communication:
Must provide information to all hospice providers in their service area, regardless of network status

Key Information for Hospice Providers

Follow these steps for proper billing and claims processing (outlined over the next two slides):

01

CHECK MA ENROLLMENT

Tip: Ask for your patient's MA Membership ID Card.

02

IDENTIFY MA CONTRACT & PBP ID INFORMATION

Tip: Look at the MA Membership ID Card or leverage your current Medicare eligibility tool, pulling information from your patient's Medicare card.

03

COMPARE STEP 2 INFORMATION w/ LIST OF MODEL PARTICIPANTS'

Tip: Check if the information matches; if it matches, then the patient is in the Model.

04

CHECK THE BILLING & CLAIMS PROCESSES FOR THE PLAN

Tip: Plan contact information will be sent to you and is also available on the Model website.

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Key Information for Hospice Providers *(continued)*

Final step:

05 *In order to ensure accurate and timely payment to hospice providers and participating MAOs, hospice providers must:*

Submit ALL notices and claims to the participating MAO *(in the case of in-network hospice providers, only if in alignment with contractual arrangements)*
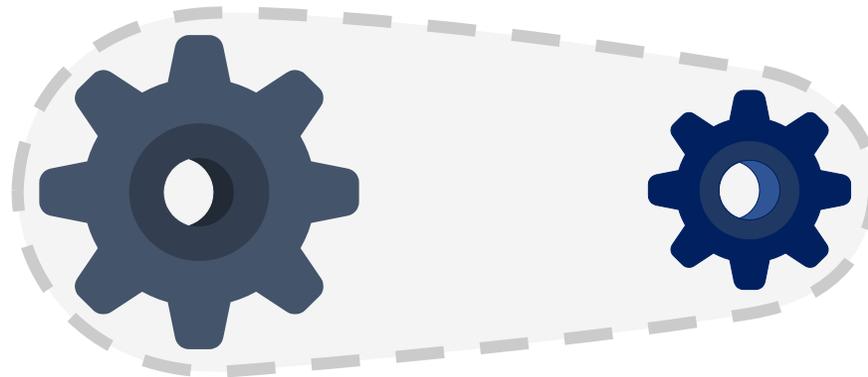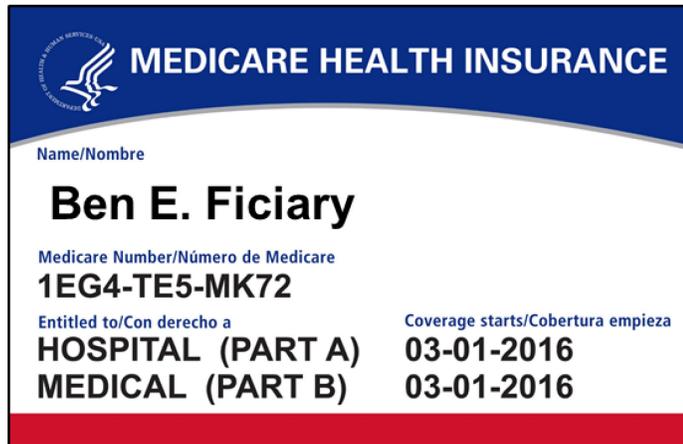
Submit ALL notices and claims to your Medicare Administrative Contractor for informational purposes, monitoring and evaluation *(irrespective of network status)*

If your patient shows you a Medicare card with a Medicare Beneficiary Identifier, use either your normal process or an online tool to check for MA enrollment (e.g., your MAC Portal or HETS) to identify the Contract ID and Plan Benefit Package ID information.

Medicare Card:

MEDICARE HEALTH INSURANCE

Name/Nombre
Ben E. Ficiary

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a   Coverage starts/Cobertura empieza
HOSPITAL (PART A)   03-01-2016
MEDICAL (PART B)   03-01-2016

Illustrative MAC Portal Interface:

Inquiry   Eligibility   Deductibles/Caps   Preventive   Plan Coverage   MSP   Hospice/Home Health   Inpatient

Plan Coverage

Ficiary, Ben E (XXXXXXXXXXX)

DOB: xx/xx/xxxx   DOD:

Medicare Advantage

Plan Type: Health Maintenance Organization (HMO) Medicare Non-Risk

Enrollment Date:	02/01/2016	Disenrollment Date:	
Contract Name:	ABC Health Maintenance Organization		
Contract Number:	HXXXXX		
Address:	123 Any Blvd	Phone #:	888XXXXXXX
Address 2:		City:	ANY CITY
State:	XX	Zip:	XXXXX
Website:	www.abchmoxx.xom		
Plan Name:	ABC Basic Plan	Plan Benefit Package ID:	XXX

Illustrative Transaction Example using the HETS Application

The following segments illustrate Part C MA (Medicare Advantage) enrollment	Medicare Part A or B
EB*U**30IN~	EB04 = MA Contract Type (HMO, PPO, Indemnity, etc.)
REF*18*H1234~	REF02 = MA Contract Number
REF*N6*001*PLANNAME~	REF02 = MA PBP Number, REF03 = MA PBP Plan Name
DTP*290*D8*20170101~	DTP03 = MA Plan Enrollment Date(s)

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Illustrative Walk-Through *(2 of 3)*

If your patient shows you a MA Membership ID card, identify the Contract ID and Plan Benefit Package ID information:

MA Membership ID Card:

Illustrative Walk-Through *(3 of 3)*

Using the identified Contract ID and Plan Benefit Package ID information, compare that information against the list of participating plans' information on the Model website.

Participating Plan Database on Model Website

Contract ID	Plan ID	Parent Organization	Plan Name
HXXXX	XXX	ABC Organization	ABC Basic Plan

Source: https://innovation.cms.gov/media/document/vbid-cy2021-hoospice-contact-info-geo

Next Steps

Coordination is critical!

CMS requires participating plans to communicate with hospice providers in their service area(s).

CMS encourages hospice providers to communicate with participating plans regarding any questions about joining the plan's network of hospice providers, patient eligibility, and plan billing and claims.

Reach out to CMS with any questions about the Model at VBID@cms.hhs.gov

Did you know?
The list of participating MAOs and their plans, service areas and contact information is on the VBID Model website in a downloadable spreadsheet (listed in the Resources slide).

Hospice Benefit Component: Deep Dive into Select Topics within the CY2021 Technical Guidance

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Consultation Process Guidelines

Through this process, MAOs must:

- Inform enrollees that the consultation process, and hospice election, is voluntary;
- Inform enrollees that they have an out of network option;
- Not create a barrier to timely hospice election and care; and
- Explain that transitional concurrent care and hospice supplemental benefits (if applicable) are only available in-network.

Through this process, MAOs may:

- Emphasize the value of their network;
- Provide a description of transitional concurrent care and the enrollee's options for continued care; and
- As appropriate, explain why particular hospice providers are excluded from the MAOs' coverage or payment (e.g., due to the provider being on the CMS Preclusion List)

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Strategies to Transition to Hospice Care

Participating MAOs:

- Must establish a formal mechanism to consult with network providers regarding medical policy, quality assurance/improvement programs and medical management procedures;

- Are encouraged to provide resources to network providers on the elements of the Hospice Benefit Component, such as around transitional concurrent care availability;

- May work with their in-network hospice providers on the inclusion of a new addendum to the hospice election statement clarifying MAO-covered, clinically-appropriate transitional concurrent care items, services and drugs; and

- Are required to ensure that their in-network hospice providers document transitional concurrent care that an enrollee receives is in the written plan of care and meets the standards in 42 CFR 418.56.

Out-Of-Network Payments Related to Hospice

Non-Hospice Care	Hospice Care
Care unrelated to the hospice enrollee's terminal illness and related conditions and any post-live discharge care as applicable	*Comprehensive set of services as defined in § 1861(dd) of the Social Security Act*
May be covered out-of-network	Must be covered out-of-network at least at Original Medicare rates
Provided consistent with plan rules	Access permitted to all Medicare-certified hospice providers
Utilization management permitted	Utilization management NOT permitted

Prepayment or postpayment review permitted focused on program integrity and beneficiary safety and in alignment with existing MAC processes

All organization determinations and appeals must be addressed on an **expedited** basis.

Technical and Operational Guidance
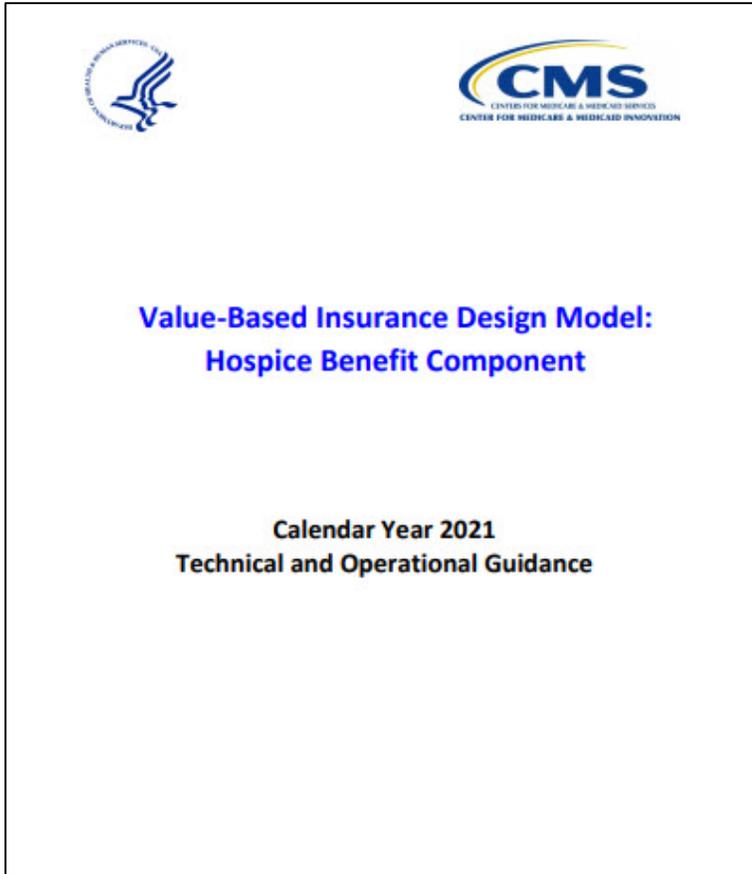
Now Available:

CY 2021 Hospice Benefit Component Technical and Operational Guidance Document ("CY2021 Guidance")

Access the CY2021 Guidance on the Model website at the link below.

https://innovation.cms.gov/media/document/vbid-hospice-technical-guidance-cy2021

Upcoming Events and Key Resources

- Monthly office hours events to provide technical support
  - November 10, 1-2 PM EST
  - December 15, 1-2 PM EST
  - January 12, 1-2 PM EST
- List of participating MAOs, with service area and contact information: https://innovation.cms.gov/media/document/vbid-cy2021-hoospice-contact-info-geo
- CY2021 Guidance in detail here: https://innovation.cms.gov/media/document/vbid-hospice-technical-guidance-cy2021
- Hospice provider webpages here: https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview

Questions?

Thank you for joining us.

Please email us with any questions at:

VBID@cms.hhs.gov