

Modifications/Improvements to Value-Based Insurance Design (VBID) Model – Implementation

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Note: We revised this Article to reflect a revised CR 12349. The CR revision didn't impact the substance of the Article. We did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.

Provider Types Affected

This MLN Matters Article is for hospice care and other providers for services they provide to Medicare patients who elected hospice and enrolled in Medicare Advantage (MA) plans participating in the voluntary VBID Model's Hospice Benefit Component.

Provider Action Needed

This Article tells you about modifications to <u>CR 11754</u>. That CR is testing the inclusion of the Medicare hospice benefit into MA through the VBID Model (Hospice Benefit Component) for Calendar Year (CY) 2022. Unless otherwise stated, all requirements in CR 11754 remain the same. CMS will test the Hospice Benefit Component of the Model through 2024.

Background

Through the Hospice Benefit Component, we are testing the impact on payment and service delivery of adding the Medicare Part A hospice benefit with the goal of creating a seamless care continuity in the MA program for Part A and Part B services. For Medicare Advantage Organizations (MAOs) that volunteer to be part of the VBID Model, we will evaluate the impact on cost and quality of care for MA enrollees, including how the Model:

- Improves quality and timely access to the hospice benefit
- Enables innovation through fostering partnerships between MAOs and hospice providers

While participating in this component of the Model, MAOs will incorporate the current Medicare hospice benefit into MAO-covered benefits. This is in combination with offering palliative care





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services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.

Currently, when an enrollee in an MA plan elects hospice, Fee-for-Service (FFS) Medicare is financially responsible for most services, while the MAO is responsible for certain services (such as supplemental benefits). Under the Hospice Benefit Component of the VBID Model, participating MAOs retain responsibility for all Original Medicare services, including hospice care.

Eligibility Check

Beginning CY 2022, here is how to determine if your patient has enrolled in a plan of an MAO that is participating in the VBID Model Hospice Benefit Component:

STEP ONE: Confirm your patient's Medicare eligibility and check for MA enrollment using either your normal process or any of the following online tools or services to check for MA enrollment:

- MAC Portal
- Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)
- Billing agencies, clearinghouses or software vendors

STEP TWO: If the patient is in an MA plan and the hospice election date is on or after January 1, 2021, 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.

Note: Check the effective and termination dates to ensure the patient's enrollment in the participating plan is for 2022.

STEP THREE: Compare the patient's plan information to the <u>list of plans participating in the Hospice Benefit Component of the VBID Model</u>. This list will be updated in Fall 2021 to reflect plans participating in CY 2022. If their plan is part of the Model, follow the <u>directions for submitting claims</u>.

More Information

We issued <u>CR 12349</u> to your MAC as the official instruction for this change.

For more information, <u>find your MAC's website</u>.





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Document History

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October 20, 2021	We revised this Article to reflect a revised CR 12349. The CR revision didn't impact the substance of the Article. We did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.
August 9, 2021	Initial article released.

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