CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10458	**Date: November 13, 2020**
	Change Request 12045

SUBJECT: Direct Mailing Notification to Hospice Providers Regarding the Hospice Benefit Component, Value-Based Insurance Design (VBID) Model, for Participating Medicare Advantage Organizations (MAOs)

I. SUMMARY OF CHANGES: This Change Request (CR) details the requirements of direct mailing from the Medicare Administrative Contractors (MACs) to Hospice Providers regarding the Hospice Benefit Component, Value-Based Insurance Design (VBID) Model and participating Medicare Advantage Organizations (MAOs). The mailing will raise general awareness of the hospice benefit component and provide education on participation and billing for Medicare Advantage enrollees receiving services in affected areas.

EFFECTIVE DATE: December 16, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: December 16, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10458	Date: November 13, 2020	Change Request: 12045

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I. GENERAL INFORMATION

A. Background: Beginning on January 1, 2021, through the VBID Model, participating Medicare Advantage Organizations (MAOs) can include the Medicare hospice benefit in their benefits package. Eligible MAOs can voluntarily participate in the Hospice Benefit Component of the Model. Currently, when a Medicare Advantage (MA) enrollee elects hospice, Fee-for-Service Medicare becomes responsible for most services while the MA organization retains responsibility for certain services (e.g., supplemental benefits). Under the VBID Model, the participating MAOs are responsible for coverage and payment of all services, including hospice.

CMS requires participating MAOs to communicate with hospice providers in the service area of their participating plans. Hospice providers should communicate with MA plans regarding any questions about the Model, billing, coverage, and enrollment. Hospice providers must submit claims and notices to participating MA plans to receive payment when their enrollees elect to receive hospice care. Hospice providers must submit claims and notices to their Medicare contractor for informational purposes. Enrollees of participating MA plans may seek hospice care with any Medicare-certified hospice provider.

This Change Request (CR) details the requirements of a direct mailing to hospice providers; to raise general awareness of the hospice benefit component and provide education on participation and billing for Medicare Advantage enrollees that receive services in affected areas.

B. Policy: Executive Order 13890 on Protecting and Improving Medicare for Our Nations Seniors

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12045.1	MACs shall identify all active Medicare hospice providers within their jurisdiction impacted by the service areas identified for the Calendar Year (CY) 2021 Hospice Benefit Component, Value-Based			X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Insurance Design (VBID) Model and determine the best mailing address on file in accordance with Internet Only Manual publication 100-09, chapter 6, section 20.4.2. NOTE: The CY 2021 service areas are located in 13 states and one territory: California, Colorado, Georgia, Hawaii, Idaho, Indiana, Kentucky, Massachusetts, New Mexico, New York, Ohio, Puerto Rico, Utah and Virginia.									
12045.2	MACs shall send the package to hospice providers based on the location of the hospice using the customized letter, provided by CMS, for each of the 13 states and one territory.			X						
12045.3	MACs shall send a direct mail package to active Medicare hospice providers (identified in business requirement 12045.2) using the best mailing address on file, taking the following actions: 1. Include in the direct mail package only the letter and any attachments. Note: The letter will be sent at a later date via the Provider Customer Service Program (PCSP) Contractor User Group (PCUG) electronic mailing list. For planning purposes, MACs shall assume the letter will be no longer than four pages (two page duplex document). 2. Duplicate all required content in hard copy using black ink, not altering the letter. 3. Use envelopes typically used to mail information to providers. As the letter will be sent using the PDF or Word format with no white space, MACs shall use an address insert page.			X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	4. Complete the direct mailing no later than 10 business days after receipt of the letter, via the PCUG electronic mailing list. 5. Send a single package to groups.									
12045.4	MACs shall report the following information about this direct mailing into the Special Initiatives and VBID Model: Hospice Benefit Component portion of the Provider Customer Service Program Contractor Information Database (PCID) by the 10th of the month following the month of the actual completion date: 1. Date completed 2. Number of packages sent 3. Number of providers covered by packages sent 4. Number of packages returned 5. Cost			X						
12045.5	MACs shall publish the letter on their provider education webpage within two business days after sending out the direct mailing.			X						
12045.6	If MACs need to change the numbers reported in PCID, corrections shall be sent to the PCID resource mailbox at pcid@cms.hhs.gov. MACs shall not make multiple entries into PCID regarding this direct mailing.			X						
12045.7	MACs shall follow their standard internal procedures concerning undeliverable mail.			X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12045.8	MACs shall track and report undeliverable packages for two months after the packages are mailed.			X						
12045.9	MACs shall be aware that this direct mailing is related to a special initiative activity and is not related to direct mailings for the PCSP.			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12045.10	CR as Provider Education: Contractors shall post this entire instruction, or a direct link to this instruction, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the entire instruction must be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Davia Bailey, 410.786.1895 or davia.bailey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0