



Changes to Value-Based Insurance Design Model: CY 2024

Related CR Release Date: June 29, 2023

MLN Matters Number: MM13236

Effective Date: January 1, 2024

Related Change Request (CR) Number: [CR13236](#)

Implementation Date: January 2, 2024

Related CR Transmittal Number: R12111DEMO

Related CR Title: Calendar Year 2024 Modifications/Improvements to Value-Based Insurance Design (VBID) Model – Implementation

Affected Providers

- Hospices
- Hospitals
- Suppliers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare hospice patients enrolled in Medicare Advantage (MA) plans participating in the voluntary VBID Model's Hospice Benefit Component

Action Needed

Make sure your billing staff knows about:

- Changes in the VBID Model's hospice benefit component for CY 2024
- The business requirements in [CR 11754](#), [CR 12349](#), [CR 12688](#) and [CR 12964](#)

Background

CR 13236 modifies and improves CRs 11754, 12349, 12688, and 12964 for CY 2024. Those CRs were testing the addition of the Medicare Program hospice benefit into MA through the VBID model. CR 13236 doesn't change the business requirements in CRs 11754, 12349, 12688, and 12964, unless otherwise stated. CMS continues to test the hospice benefit component of the Model through CY 2030.

Through the Hospice Benefit Component of the VBID Model, we're testing the impact on payment and service delivery of incorporating the Medicare Part A hospice benefit within the MA benefit package of participating MA plans with the goal of creating a seamless continuation of care for Part A and Part B services.

Currently, when an enrollee in an MA plan elects hospice, Medicare Fee-for-Service (FFS) becomes financially responsible for most services, while the Medicare Advantage Organization (MAO) retains responsibility for certain services (for example, supplemental benefits). Under the

Hospice Benefit Component of the VBID Model, participating MAOs are responsible for all Original Medicare services, including hospice care.

For MAOs that volunteer to be part of the Model, we'll 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
- Allows innovation by fostering partnerships between MAOs and hospice providers

MAOs participating in this component of the model will incorporate the current Medicare hospice benefit into MAO-covered benefits. The MAOs must also offer palliative care services outside the hospice benefit for enrollees with serious illness and through in-network providers, provide individualized transitional concurrent care services.

The model now covers hospice election start dates from January 1, 2021 - December 31, 2024, and during the MA Plan Period and the VBID-Hospice start and end dates of January 1, 2021 - December 31, 2024.

If we see a retroactive MA enrollment or get a Hospice Notice of Election and the MAO is participating in the model, we'll identify FFS claims that we shouldn't have paid.

Regardless of plan participation dates, providers must still submit claims for these services to Medicare.

More Information

We issued CR 13236 to your MAC as the official instruction for this change.

See the [MA Value-Based Insurance Design Model](#) for more information.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
June 29, 2023	Initial article released.

View the [Medicare Learning Network® Content & Product Disclaimer, and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).