

National Hospice and Palliative Care Organization Policy Alert

CMS Releases Operational & Technical Guidance for MA 2021 Value-Based Insurance Design Model (VBID)

To: NHPCO Provider Members

From: NHPCO Policy Team

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Summary at a Glance

Today, the CMS Innovation Center (CMMI) released the 2021 [Technical and Operation Guidance](#) for the Value-Based Insurance Design Model (VBID). This guidance document provides information on the technical and operational aspects of implementing the Hospice Benefit Component for both Model-participating MAOs and hospice providers located in their service areas.

Model Overview:

Medicare Advantage Organizations (MAOs) that participate in this model will incorporate the current Medicare hospice benefit into MAO covered benefits. Hospice providers were not eligible to apply directly for the model but may be considered for in-network or out-of-network status as a provider for participating MAOs. The hospice benefit component will be tested over four performance years, and participation in the model is voluntary. Recently, CMMI announced a second application period which will open this fall to interested MAOs that would like to be approved for the model in CY 2022.

MAO Participants:

On September 24, 2020, the Centers for Medicare & Medicaid Services Innovation Center (CMMI) [released the list of Medicare Advantage Organizations \(MAOs\)](#) approved to participate in the hospice component of the MA Value-Based Insurance Design (VBID) Model for CY 2021.

The following MA organizations have been approved to participate in the hospice component of CY 2021 VBID Model. The service areas within each state listed are [available here](#).

- Commonwealth Care Alliance, Inc. (Massachusetts)
- Hawaii Medical Service Association (Hawaii)
- Humana, Inc. (Kentucky, Virginia, Ohio, Colorado, Georgia)
- Summit Master Company, LLC (Puerto Rico)
- Kaiser Foundation Health Plan, Inc. (California)

- Presbyterian Healthcare Services (New Mexico)
- Intermountain Health Care, Inc. (Idaho, Utah)
- Triple-S Management Corporation (Puerto Rico)
- Visiting Nurse Service of New York (New York)

Note: Model-participating MAOs must communicate actively with all hospice providers in their service areas to inform them of their participation in the model, and to provide details on how the MAO is structuring the Hospice Benefit Component of the VBID.

Technical and Operational Guidance:

This document released today serves as supplemental technical guidance for Model-participating MAOs and hospice providers with additional information on the following key components of the model:

The voluntary consultation process

For the first two years of the model (CY 2021 & CY 2022), MAOs can create a *voluntary* consultation process for enrollees who have a terminal illness. CMS emphasizes that these processes should be established in a manner that does not create “restrictions on an enrollee’s hospice provider choice or access to hospice care.” Additionally, in implementing any type of consultation process, model-participating MAOs must ensure services are provided by specially trained staff that are accessible by phone and other means available 24/7 with enhanced standards for average speed of answer and first call resolution. Beneficiaries must be informed that **transitional concurrent care options** are only available through election of an **in-network hospice provider**.

Transitions from palliative care to hospice care

CMS encourages, but does not require, Model-participating MAOs to contract with their network of hospice providers, as well as non-hospice providers for palliative care. Additionally, a defined set of palliative care services is not included in this guidance, although a seamless transition of care for seriously ill individuals is emphasized as a priority.

Transitional concurrent care

The guidance confirms that hospice supplemental benefits and transitional concurrent care are only available through election of an in-network hospice provider. CMS encourages MAOs and in-network hospice providers to build relationships with referring providers and other referral sources to raise awareness about concurrent care and also believes that the option of “transitional concurrent care can improve patient care experiences in clinically appropriate situations.” There is no limitation on the timeframe of transitional concurrent care, but an MAO may specify a particular timeframe.

Billing and Claims Processing Procedures, Including Hospice Enrollment, Notice of Election and Notice of Termination/Revocation

Submission of NOE or NOTR: The operational and technical guidance addresses the hospice responsibility for submission of the Notice of Election (NOE) and Notice of Termination/Revocation (NOTR). The guidance states that “all hospice claims must be submitted to:

1. the Medicare contractor for informational purposes, monitoring and evaluation (irrespective of network status), **and**
2. Model-participating plans so that Model participating plans can make timely payment to hospice providers (in the case of in-network hospice providers, if in alignment with contractual agreements).

For more detail on the Hospice Data Flow for the Notice of Election (NOE) under the Model, see [Appendix 1 in the guidance](#).

Claims submission:

- After hospice providers submit claims for hospice services to their Medicare contractor, they can expect to receive a Claim Adjustment Reason Code for a non-covered charge, **with the Remittance Advice Remark Code that no payment issued under FFS Medicare as patient has elected managed care.**
- Model-participating MAOs **must** allow hospice providers to submit claims and notices using the same methodology and forms used to submit claims and notices to their Medicare contractor under Original Medicare.
- It is the responsibility of the Model-participating MAO to ensure that out-of-network payments are made for services provided to hospice enrollees, as applicable, at least at Original Medicare rates.
- CMS encourages Model-participating MAOs to process hospice claims as outlined in Ch. 11 of the Medicare Claims Processing Manual to streamline claims processing and ensure timely payment.

Hospice provider limitations to ensure beneficiary safety

Model-participating MAOs must provide access to a network of hospice providers that meet all Medicare requirements for furnishing hospice care and have participation agreements with Medicare. Furthermore, Model-participating MAOs must offer access and cover all hospice care furnished to their enrollees by either in-network hospice providers or out-of-network (non-contracted) hospice providers.

Model-related MA payment guidance for out-of-network payments

For CY 2021, the guidance requires that MAOs pay out-of-network providers the amounts that providers would receive under Original Medicare payments. Additionally, MAOs must pay all clean claims from a hospice provider in accordance with Original Medicare payment rates within 30 days of receipt.

Model-related appeals and grievances

Model-participating MAOs may implement appropriate program integrity safeguards in line with the Model-participating MAO's policies and procedures, such as a prepayment or post payment review strategy to address a hospice provider with a high proportion of unrelated claims to assess whether or not care is being appropriately billed.

All organization determinations, grievances, and appeals related to care delivered during a hospice election period and post-live discharge (i.e., from the end of the hospice discharge until the first of the following month) must be addressed on an expedited basis in accordance with regulations at 42 CFR

422.564, 422.570, 422.584, 423.570, and 423.584 in order to ensure enrollees have timely access to needed care.

Other Operational Guidance:

Model-participating MAOs must communicate actively with all hospice providers in their service areas to inform them of the following:

- The Model-participating MAO is a CMS Innovation Center model participant;
- The Model-participating MAO's participation in the Hospice Benefit Component of the VBID Model;
- The structure of the Hospice Benefit Component of the VBID Model;
- The hospice provider's contract status with the Model-participating MAO (including if it is noncontracted, out-of-network);
- The Model-participating MAO's contracting process;
- Any information needed by the Model-participating MAO to ensure the hospice provider is able to offer services to the Model-participating MAO's enrollees;
- Information on how to identify an MA enrollee as an enrollee of the Model-participating plan;
- Details on the Model-participating MAO's network structure (i.e., PPO, HMO-POS, HMO), enrollees' ability to seek non-hospice care out-of-network, how to help an enrollee coordinate receiving unrelated care if needed (e.g., prior authorization process for non-hospice care if applicable, finding a provider), and information on how to find providers that are in-network with the Model participating MAO;
- Timeline for claims and notice submission and Model-participating MAO payment to the hospice provider;
- Contact information for CMS at VBID@cms.hhs.gov for questions about the Model and how to get in touch with the Beneficiary Liaison for Innovation Models, who provides Medicare Beneficiary Ombudsman supports; and
- Contact information for the Model-participating MAO.

What's Next?

While the National Hospice and Palliative Care Organization supports innovation that enhances opportunity for access to high-quality, interdisciplinary care, NHPCO continues to have serious concerns about timing of implementation for this model, especially since key technical guidance is still being released less than three months prior to the launch date. As such, we continue to seek a delay of one year for implementation of this demonstration. However, we are encouraged to see that CMMI considered our recommendations for additional consumer protections and would like to continue working with CMS to incorporate stakeholder feedback.

Please reach out to innovation@nhpc.org if you have questions about this guidance or general questions about this VBID model.

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