

Eli's Hospice Insider

Managed Care: Are You Ready For Managed Care Plans Offering Hospice To Nearly Double In 2022?

Increased billing workload is just one consequence.

If the expansion of the Value-Based Insurance Design (VBID) Model's Hospice Benefit Component hasn't affected you much yet, that may change next year. That's because the number of Medicare Advantage plans offering it is about to increase drastically.

Background: The Centers for Medicare & Medicaid Services launched the VBID model without hospice in 2020 with 14 plans participating, CMS notes in a new release. In 2021, nine of 19 VBID-participating MA plans covered hospice in the inaugural year of the carve-in.

Now, 13 of 34 VBID plans overall will offer hospice in 2022, CMS reveals in the release (see list in box, p. X).

"In CY2022, for the first time, some states (New York, Ohio, and Utah) will have more than one plan offering the hospice benefit through the VBID model, some in the same counties," highlights the National Association for Home Care & Hospice in its member newsletter. The only place that has happened previously is in Puerto Rico, NAHC notes.

The hospice carve-in benefit is growing, but the confusion about it doesn't seem to be abating.



For example: "While the VBID Hospice Benefit Component will be offered in 22 states and territories during CY2022 (up from 14 states and territories in CY2021), no single plan will offer hospice state-wide," NAHC explains. To figure out whether it will be offered in your service area, you must consult the list of plan benefit packages (PBPs) at <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-participating-plans>, sort by state, and review the list of counties and zip codes where the PBPs are operating, NAHC advises.

Another point of confusion is what MA plans must offer in their "transitional concurrent care" service, says the National Hospice and Palliative Care Organization. Concurrent care is supposed to allow a patient "to receive palliative care for serious illness concurrent with a transition to hospice care for those nearing the end of life," NHPCO says in a release.

"However, VBID has not defined a required set of core services for 'comprehensive palliative care' that a Medicare Advantage plan can offer to effectively implement concurrent care," NHPCO criticizes. "We believe that all beneficiaries facing serious and life-limiting illness deserve well-defined services. Without that, they can be denied access to the care they deserve," the trade group warns.

Yet another problem is the billing workload. Even once you have your payers straight, you still must submit duplicate claims. "You must send all notices and claims to both the participating MAO and your MAC," CMS instructs on its VBID Model Hospice Benefit Component Overview webpage. "The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model."

And don't think the program won't affect you if you don't have participating MA plans in your service area. Wherever your agency is, "it is possible to admit patients that are enrolled in a VBID Hospice Benefit Component plan (for example, the patient may come to visit family in your area and enter into hospice)," NAHC warns. "If that is the case, you will be required to bill the plan in the same way that hospices in the plan's operating area do."

Call It Off

All these problems should add up to a halt to the program, many observers say. "Nearly a year into the demonstration, CMS has not shared data or explained how this demonstration improves access to hospice care," NHPCO's **Edo Banach** blasts. "We see no evidence to support a second implementation year."



Plus: "Providers and consumer advocates are disheartened by CMS's decision to continue with this experiment while many states are experiencing their highest COVID-19 positivity rates, hospitalizations, and worst workforce shortages since the beginning of the pandemic," Banach criticizes. NHPCO asked CMS to push the hospice carve-in's launch date when COVID-19 began, Banach points out. The agency refused.

At least there is a little bit of good news for hospices. "While we encourage you to reach out to participating MAOs about contracting opportunities, you are not required to contract," CMS says on its overview webpage. "If you choose not to contract, the participating MAO must continue to pay you at least equivalent to Original Medicare rates for Medicare-covered hospice care."

And "the Model does not permit prior authorization requirements around hospice elections or transitions between different levels of hospice care," CMS adds.

Do this: If you do want to become an in-network provider for a VBID plan, NAHC urges hospices to "contact the plan operating in your area as quickly as possible. Plans may be interested in your quality scores and other information that identifies you as an exemplary hospice," the group adds.

Note: The overview with more details is at <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview>.