

## Eli's Hospice Insider

### Medicare Advantage: Check Your Mailbox For Vital Managed Care Carve-In Info

**Watch out: You may be serving Medicare Advantage VBID patient and not even know it.**

If they haven't already, hospices confused about the Value-Based Insurance Design hospice carve-in for certain Medicare Advantage plans should be getting more information soon. And that's good, because hospices have obligations under the program.

**Recap:** Beginning last January, through the VBID Model, participating Medicare Advantage Organizations (MAOs) could include the Medicare hospice benefit in their benefits package, the Centers for Medicare & Medicaid Services notes in Dec. 16 Change Request 12524.

"CMS requires participating MAOs to communicate with hospice providers in the service area of their participating plans," CMS says in the CR. The transmittal "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."



**Reminder:** "The CY 2022 service areas are in 21 states and one territory: Alabama, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, Wisconsin and Puerto Rico," CMS notes in the CR.

However, even hospices not in those states could be affected.

"A patient may travel for their hospice care, so you may see a patient enrolled in one of the participating plans offering coverage not in your service area," explains HHH Medicare Administrative Contractor Palmetto GBA in the letter it sent to hospices about the program. "For example, a patient with coverage from a participating plan whose service area is in Ohio may travel to receive hospice care from you in Florida. You should submit all notices and claims to the plan in Ohio," it instructs.

**Why?** Remember, "you must send all notices and claims to both the participating MAO and your MAC," Palmetto says in the letter. "The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model."

**Good news:** You're not required to contract with an MAO, and "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," the letter explains. The VBID model also "doesn't permit prior authorization requirements around hospice elections or transitions between different levels of hospice care," it says.

You can find out exactly which states and plans are involved by looking at Palmetto's letter at [https://palmettogba.com/palmetto/providers.nsf/files/CR12524\\_2022-VBID-Hospice-Provider-Letter-Checklist.pdf/\\$FILE/CR12524\\_2022-VBID-Hospice-Provider-Letter-Checklist.pdf](https://palmettogba.com/palmetto/providers.nsf/files/CR12524_2022-VBID-Hospice-Provider-Letter-Checklist.pdf/$FILE/CR12524_2022-VBID-Hospice-Provider-Letter-Checklist.pdf); a link to a spreadsheet with the participating plans for 2022 is in the second page of the letter.

**Stay tuned:** "In addition to this specific direct outreach, the [HHH Medicare Administrative Contractors] have also been directed to conduct education for hospice providers about the CY2022 MA VBID Hospice Benefit Component," the National Association for Home Care & Hospice says in its member newsletter.

Note: CMS' six-page CR is at [www.cms.gov/files/document/r11160otn.pdf](http://www.cms.gov/files/document/r11160otn.pdf). A link to Palmetto's letter is at <https://palmettogba.com/palmetto/jmhhh.nsf/DID/7PU0NJ1KG6#ls>.