CY2021 VBID Hospice Benefit Component - Technical and Operational Guidance Overview

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LAURIE MCWRIGHT: My name is Laurie McWright and I'm the Deputy Director of the Seamless Care Models Group (SCMG) which is responsible for a broad set of integrated care delivery models that's focused on increasing the overall value of care through our accountable care and direct contracting organizations while looking at transforming primary care, improving access to care for beneficiaries with kidney disease, and innovating and transforming care within the health plan space. So together, along with all the other seamless innovation models, we focus on how we can improve the quality of care for beneficiaries while serving to reduce system costs. Now, today as a part of that overall agenda we're very excited to walk you through our recently released hospice technical and operational guidance for our voluntary value-based insurance design model test which is now going to be incorporating the Medicare hospice benefit into Medicare Advantage beginning in the 2021 plan year.

We have three goals for today at the highest level. One, we want to provide information to hospice providers and the model Medicare Advantage organizations, so that they are able to prepare for the 2021 plan year. Second, we want to give information overall to those who are not directly involved in the model in its initial year but who would be interested in learning more. And third, to answer as many questions as we can. I've already seen in the chat box, I'll go ahead and answer it, at least initially and it might come up again, we will absolutely as a part of our commitment for education and transparency on this model, all of our models, we will be posting this slide deck at the conclusion of the webinar. It'll take us a day or so to make sure we have it technically correct to post, but you will see that in short order.

Okay, next slide. Excellent, thank you. Okay, quick disclaimer before digging in. As you might have seen in many presentations coming out from CMS, we are presenting today for educational purposes and providing general information as noted on the slide. Okay, next slide. So let's just quickly jump into what we have in store. To orient everyone, let's take a look at how we're going to present today to give you, I guess, as much information as we can, but to also make sure you have the context for it. So to start out I'll provide you a little bit of background on the hospice benefit component from its development to design, and then I will hand it over to my amazing team to provide you with an overview of the model guidance that, as I said, we released earlier this actually last month. Time is flying. Happy November. So, during the course of the webinar we will definitely be covering key information that both our Medicare Advantage participating in the model and hospice providers should know from the guidance and

we'll focus on a few sections in a deeper dive to help make sure that you are prepared for the beginning of the model. And then we'll make sure to present some specific resources to help in your planning and preparation and then open it up for Q&A.

Okay, next slide. And then we have our presenters for today and I want to start by introducing them. Dr. Doug Clarke who is the Seamless Care Models Group (SCMG) Medical Officer and he's deployed as our Senior Medical Officer for this model and in addition to we have Sibel Ozcelik who is one of the co-model leads for the value-based insurance design (VBID) overall and leads this hospice work. She has a strong background, many years in hospice, and as well we have Trudel Pare who has a health plan background. So, with that you all are obviously in very good hands today when we go to the next slide. And one more. Starting to look, as most of you know, the hospice benefit component is a part of the larger VBID model. The VBID model, I can say more broadly, allows for innovations in the Medicare Advantage space providing MAOs with the sort of necessary flexibilities to deliver the highest value care to beneficiaries that need it most. I guess the best way to sort of think about that concept is that we don't want to be just working within the traditional MA program space. We want to be thinking about what are additional flexibilities that are not available there. And so to that point, 2020 we built out the VBID model with some additional components and flexibilities and beginning in January we're going to allow additional flexibilities in the hospice carve-in as well as some other pieces, but want to more focus today just on the hospice benefit.

Beginning this January, nine of our Medicare Advantage organizations will begin to test this hospice benefit component in select parts of 13 states and Puerto Rico. As I guess you'd say a refresher, the VBID hospice carve-in model component is focused on not only improving access to high quality hospice care by carving in the full Medicare hospice benefit, but also in improving access to palliative care upstream of hospice. It also tests the transitional concurrent care for Medicare Advantage enrollees to continue receiving care that's clinically appropriate while in hospice and also enables the offering of hospice specific supplemental benefits such as additional meals or transportation to provide additional wrap around benefits to include the quality of life for hospice enrollees. And through the model design, the hospice benefit component provides opportunities for model participating MAOs and hospice providers to perform partnerships to improve access and care while ensuring beneficiaries have a broad network access while with your stakeholder input and lessons from the first year of the model. CMS intends to identify an appropriate network adequacy policy for hospice providers. We'll be talking more about that as the model proceeds, but just wanted to let folks know that we know that that is of concern and we're very interested in working with all of our stakeholders to develop that policy.

Okay, so before transitioning to the actual hospice technical guidance, just to put a little bit of context I think this slide does a really great job of saying where we've come from and we've come a long way since we first announced this model component nearly two years ago. We started on this road by engaging with stakeholders for their input on the VBID hospice carve-in model design and recognizing that to meet our goals of improving

care and ensuring that we needed to hear from everyone to make sure that we addressed concerns about the model and its components. So I would say over the past two years seamless has engaged with Medicare Advantage organizations, palliative and hospice care providers, beneficiary advocacy groups, and other stakeholders in how to ensure that quality and safety for those vulnerable beneficiaries enrolled in VBID participating plans, MA plans, who elect the Medicare hospice benefit would be protected. And I have to say, and said it in other contexts, we have been incredibly gratified by all of the input and the work that our stakeholders have put into providing their unique expertise and perspectives and without which we wouldn't be here. I can't say that strongly enough. We were very gratified at being able to put out the hospice Request for Application (RFA) last December with all of the input and really since the hospice RFA was put out last December we have been working hard to take feedback on sort of how it would actually work based on the RFA's information.

And of course, during that time as well, since last December to now, between I guess April and August, we were hard at work reviewing all the model applications and in September we announced our model participants. And we're very gratified to receive such applications, very thoughtful, very balanced, and at this point since we've announced our participants, put out our technical guidance, we're now in the fun stage of supporting all of our model participants and the local hospice providers who are preparing for the start of the model. And really, frankly, we're thrilled to be at this point. It's been a lot of work this year and a lot thrown at all of us frankly and we understand that there's a lot going on and we look to support all of our participants, the hospice providers, and the beneficiaries during an incredibly vulnerable time of life for those with serious illness and receive really the right care at the right place at the right time. And in this initial year of the model test we're really looking to partner with all of our MAO participants and the hospice providers and to make sure that you all are ready to collaborate and innovate with us really with the goal again of improving access to the quality of palliative and hospice care for Medicare beneficiaries. And frankly, from what I've seen already the partnership and the communication and collaboration to get us to here, it bodes well frankly for this model overall.

Okay, with that we can have the next slide. So as a way of transitioning to the next piece really want to begin to talk about this particular technical guidance and the care and feeding that went into it. Lots of detail on how to operationalize the model from the MAO perspective as well as the hospice provider perspective. And mostly I want to strongly encourage everyone involved in the model to be open to working together and communicating and building on working relationships which of course is the key to all successful pursuits and model development and implementation is obviously no exception. And so with that, Sibel, I was going to ask you if you would provide the overview of the guidance. Thank you.

SIBEL OZCELIK: Thanks so much, Laurie, and thanks again everybody for joining us today. So as Laurie mentioned, we released the technical guidance earlier this fall to provide important information on the technical and operational aspects of implementing the

hospice benefit component for both model participating MAOs as well as hospice providers that provide services --

We hope that this technical guidance will create a road map for model participating MAOs and hospice providers to effectively communicate, coordinate, and collaborate which in turn will ensure high quality care for enrollees across the care continuum. Next slide please. So the technical guidance as shown here includes really a broad range of topics and the topics chosen reflect the areas where the model team received a lot of questions or really strong recommendations from the stakeholder community and our goals were to, one, provide clarity for implementation for hospice providers and the model participants, two, ensure hospice providers in participating plan service areas understand how billing and claims processing will work under the model and, three, provide contact information for each hospice provider to engage with participating plans. And all of these materials can be found on the VBID model website from the directory information to which plans are participating to the technical guidance itself. And each of the sections in the technical guidance is drawn from previous CMS guidance and regulations and this was done on purpose. We thought it would be really important to leverage what existed to reduce implementation impact in full for providers that are impacted as well as the MAOs that are participating while maximizing care coordination and experience for enrollees. And over the next part of the webinar, we'll focus specifically on some of the most important things you'll need to know to be prepared for the hospice benefit component. And I also want to put out a quick shout-out for next week's office hours session where we'll be happy to dive into any of the other sections that we don't get to cover today as well as reviewing any of the questions that we also might not get to.

So this webinar, I'll highlight some of the key requirements for participating MAOs and key information for hospice providers including a walk-through of proper billing under the model before handing it over to my colleagues Doug and Trudel to do a little bit of a deeper dive into some of the sections of the technical guidance. Next slide. Now as part of participation in the model, model participating MAOs have requirements in regards to access, prompt payments, and communication with hospice providers. So first the model participants, the MAOs, must permit access to all Medicare certified hospice providers and must pay at least Medicare rates for out-of-network hospice care. And yes, that includes the correct team at four different levels of hospice care, the service intensity add-on, the higher rate for routine home care in the first 60 days of hospice and then dropdown, and then the physician services related to terminal illness that will be covered under the hospice benefit. So all of the hospice benefit needs to be covered for.

Second, PA, or prior authorization, or utilization management related to hospice care is strictly prohibited. That said, similar to current Medicare Administrative Contractor (or MAC) practices, MAOs may have prepayment or post-payment review strategies on hospice care if there is a pattern of program integrity or beneficiary safety issues. Third, model participating MAOs must provide prompt payment to all providers and that's in alignment with existing MA regulations regardless of network status. And last but not least, model participating MAOs must also provide information on model participation and proper billing and claims processing to all hospice providers in their service area

even if they're not planning to contract with that provider. So you can expect from that outreach from that MAO that's participating in the model if there is one in your area over the next month or so. And on the VBID model website again, there's a spreadsheet that you'll be able to download with the plan contact information, the counties where this is happening -- there are only 206 counties across the US -- as well as the contract and plan benefit package identification number for the plan. And we encourage hospice providers to use that information to reach out to model participating MAOs, again if there's one in your service area, to help establish the start of a relationship.

Next slide. Now I'm going to take a few moments here for hospice providers to walk through the steps of the proper billing and claims processing. If you're a hospice provider that has a service area that overlaps with the participating plan's service area, you should plan to follow the steps that I'll outline here in the event that you see a Medicare beneficiary enrolled in one of the VBID hospice benefit component participating plans. So I'll walk through these steps at a high level and then walk through some scenarios. So on or after January 1, 2021, if a hospice provider sees a new patient that hospital provider should check to see if that patient is part of a plan participating in the model before following these claims and billing process procedures. The VBID hospice providers need to, one, clarify Medicare Advantage or MA enrollment and the easiest way to do this is for asking for your patient's MA membership ID card. Two, on that ID card identify the contract and plan benefit package or PBP identification information. And if your patient hands you his or her Medicare card you can input information from that card into the Medicare beneficiary identifier, or MBI, to look up plan information in whatever your current Medicare eligibility tool is. And we'll review that on one of the later slides.

Next, you'll want to compare plan information on that tool or on the MA membership ID card against the list of participating plans information that's posted on that spreadsheet that I had mentioned earlier on the website by matching it up against, again, the contract and plan by package identification information. You don't need to compare counties or any other information, just focus on the contract and plan benefit package ID information. Then step four, if the information matches you want to contact the plan to confirm eligibility and for the plan to answer any billing and claims processing questions you might have. Next slide. And finally, once confirmed you'll want to submit all your notices and claims to both the model participating MAO and to your MAC. This ensures that the MAO can provide timely payment to you to you as the hospice provider and that CMS can provide timely and correct payment to the MAO. Next slide. Now, we want to take a moment here to walk hospice providers through a few example scenarios. So in this scenario here Mr. Ben E. Ficiary has been referred to your hospice and relays that they're enrolled in a Medicare Advantage plan. However, the patient doesn't have his MA membership ID card and presents you with his Medicare card as shown here. What you'll want to do is, again, use the information from the Medicare card to run an eligibility transaction to pull up MA enrollment information. And some hospices might rely on what's called the HIPAA eligibility transaction system, or HETS, they might use their MAC portal, the MAC interactive voice response system or IVR, or they might

work with the billing agency or another clearing house to normally look up a patient's Medicare eligibility.

And on this slide here we wanted to show you an example of what you'd see on the prime coverage screen of a MAC portal and what you want to record down is, again, the contract number which normally starts with an H and has four digits following and you also want to record the prime benefit package ID number which is normally three digits, or it is three digits. And then also on this slide we show what you'd see in HETS and where you'd be able to get the contract number, the plan number, the plan name, and the enrollment date. Next slide. Now, if your patient does have his or her MA membership ID card and presents it to you, you'll want to look at the toward the bottom of the membership ID card for, again, wherever the H number is to look up what the contract and plan benefit package ID number is. Next slide. And then from there you'll want to compare the patient's plan information as highlighted here, whether it came from the MA membership ID card or another interface such as HETS or the MAC portal and you'll want to compare that against the plan information that's located in the database on the VBID model website. And if the information matches CMS strongly recommends that hospice providers contact the MA plan directly to confirm the beneficiary's MA plan eligibility information and the billing and claims process. We'll keep the database on the VBID model website that's linked here up to date with the most up-to-date contract information for outreach. Now I'll hand it over to Dr. Clarke to review next steps for hospice providers.

DOUG CLARKE: Thanks, Sibel. Now since January 1, 2021 is fast approaching you may want to know what else you as a hospice provider can do to prepare for the implementation of this model. The first and most important, again, is to check to see if there's an MAO in the service area where you provide hospice care. If there's not, then there's no new step you need to take for 2021 in terms of your everyday billing and claims processing for your patients you see regularly. But in the rare situation, you see a Medicare Advantage patient who is traveling from a county where the model is happening in 2021, we recommend that you check patient eligibility for the model following in the steps that Sibel outlined. For example, a patient enrolled in a participating plan in California could travel to Florida to be with loved ones and choose that hospice in Florida. In this scenario, a model participating plan must cover original Medicare covered hospice care out-of-network even if that means out of state. Now, if there is an MAO participating in the service area where you provide care we encourage you to contact that MAO to ensure that you have all the information you need to submit claims for payment as needed and know who to reach out at the MAO if you have questions on care coordination, payment, or coverage. As mentioned, MAOs will also reach out to you, but we'd really encourage you to reach out and take this first step towards collaboration. CMS also encourages hospice providers to submit full contact information in the Medicare provider enrollment chain and ownership system or PECOS including email and fax number so that up to date contact information can be shared with MAOs.

Next slide. Next, we'll walk through some of the unique features of the model that may be new to you. Again, we encourage you to review the technical guidance in detail and to follow up with us here at the next office hours session or over email if you have any questions. Next slide. CMS provided an option for participating MAOs to create voluntary consultation processes to engage enrollees and the caregivers in understanding their care choices and hospice provider options through the calendar year 2021 application. The policy goal of the voluntary consultation process was to create individualized pathways to support enrollees with serious illness and their caregivers in shared decision making around their care choices at the end of life. Model participating MAOs can use this process to share important information with enrollees about his or her hospice benefit, provide educational information, and describe transitional concurrent care in hospice specific supplemental benefits as applicable. Through the consultation process MAOs may also emphasize the value of their network to the enrollee. I want to really emphasize that this must not create a barrier to hospice care and cannot act as a utilization management tool as utilization management on hospice care is prohibited in the model. CMS will be monitoring this closely to help ensure this policy is upheld.

Next slide please. Under the model MAOs must have a strategy around the delivery of non-hospice palliative care, sometimes referred to as serious illness care. In the Request for Applications we released in December 2019, we encouraged MAOs to have a comprehensive holistic program and we were pleased to see the richness of programs proposed. MAOs must also have a transitional concurrent care strategy that they develop with their in-network providers. This transitional concurrent care includes clinically appropriate items, services, and drugs provided to a hospice enrollee by network providers on a transitional basis as aligned with the hospice enrollee's wishes. Currently, hospice care requires the end of all curative treatment which can make hospice a hard choice for some enrollees. Providing transitional concurrent care allows MAO and hospices to work together to ease the transition to hospice for enrollees by continuing to provide some treatment that is curative in intent with the goal of gradually transitioning fully to traditional hospice care.

Section five of the technical guidance provides strategies on how model participants can build strong cohesive policies with their network to deliver seamless care across the care continuum. One of the most important strategies is coordination and information sharing with providers across the care delivery spectrum to ensure that providers such as primary care physicians, oncologists, or nephrologists know about the availability of transitional concurrent care. Now, I'll turn it over to Trudel to walk through out-of-network payments related to hospice care. Trudel?

TRUDEL PARE: Thanks, Dr. Clarke. So we have stated previously in guidance, and Sibel mentioned earlier, that during phase one and phase two of the model enrollees in participating plans will have access to out-of-network providers in order to maintain access to hospice care. Section seven of the guidance builds on this, providing background on the original Medicare hospice payment rate methodology and billing process to support payments to out-of-network providers. This slide provides a high-level overview of this guidance. Please note this guidance is applicable to out-of-network

payments only. In-network hospice providers may have other claims and billing requirements per their specific contract with a participating MAO. Under phase one of the model, providers must be able to submit original Medicare forms to plans to receive payment at original Medicare rates. Note that this applies specifically to hospice care. Other care is provided in alignment with existing MA regulations and may be provided according to existing plan rules. This means that a participating plan may require that unrelated care be provided in-network only in alignment with plan rules or the plan may review care provided outside hospice care and billed separately for medical necessity or to otherwise ensure that it is in alignment with plan rules. You should contact the plan to make sure that you understand all of their rules surrounding care outside hospice before coordinating services for a participating plan's enrollee.

For all care including hospice care MAOs may conduct prepayment or post-payment review. This is not utilization management or prior authorization and should not be conducted on a claim by claim basis. Review should be done in alignment with processes established for Medicare contractors and fee-for-service and should review claims based on trends identified by MAOs that create beneficiary risk of harm or program integrity concerns. If an MAO makes the decision either through prepayment review or through prior authorization on another type of claim that you disagree with, you can appeal. All appeals as well as organization determinations and grievances under the hospice benefit component must be considered expedited and decided promptly in order to not disrupt needed care. Next slide. For more details on these topics or others mentioned in the overview, you can see the full technical guidance document available now on our website. We recommend that participating MAOs and local hospice providers become familiar with this guidance and reach out to us with any follow-up questions or technical support needs. We provide our email address at the end of this presentation. This will aid in preparation of additional guidance or technical support from CMS as needed. Now I'll turn it back over to Laurie to walk through upcoming events and key resources.

LM: Okay, so technical challenges continue. So, we have a variety of events and key resources that we have provided. Today really is our kickoff webinar for design to get out as much information as possible and then we want to follow up with monthly office hours to just provide additional technical support in a broad way, as you can see them listed. But also, please don't hesitate. We are available for consultation for individual hospice providers or plans that are participating. We have been in contact with all of our participating MAOs at this point and either have met with or are scheduling time with them to answer any questions and be helping with their launch as well. In addition, on our website there is specific information about all the model MAO participants, where they're located in terms of service areas and particular contact information so that that is available to hospice providers in those service areas. And we would expect that the MAOs would be in contact with the local hospices in their areas, but would also want the hospice providers to feel free to contact local MAOs. And really the point is to develop a working partnership before January one so that you're very clear in the billing payment arrangements that the MAO has in mind for the hospice providers in and out-of-network, that that's very clear for all the hospices in the local area and that that information would be available, readily available, for any hospice that's also out-of-network.

The best way we knew to start that process would be to post that information on our website. In addition too, we have posted the guidance documents here that we just described and then specifically there are some helpful hospice provider web pages that are posted at this link as well. So lots and lots of information out there. In addition, we'll be sending targeted letters and checklists for the hospices that are in the local MAO service areas. So we are trying to do what we can to make sure that our hospice providers across the country that are in the service areas in addition to our MAO participants have what they need to be ready for the January 1, 2021 kickoff. Okay, so with that I believe we would like to go ahead and open up the lines for questions. And just so folks know, I don't see on my chat block the questions, but maybe they will be coming up as we proceed. So why don't we go ahead? Good, excellent. In the interest of time, I'm going to go ahead and start reading questions here. Trudel, this might be one that's good for you. One question that I've seen a lot is if a national parent organization is participating, are all of its plans participating? Trudel, do you want to take that one?

TP: Thanks, Laurie. So the answer to that one is no. Just because an MA plan that is part of a large national MAO participates in the hospice benefit component of the VBID model does not mean that all of the MA plans for that MAO are participating. So you want to check to confirm that a particular plan is participating rather than assuming that it's participating because a plan sponsored by the same organization is participating in another area. You can visit the VBID model website to confirm if a particular plan in your area is participating.

LM: That's great. Hey, Trudel, here's another one that actually I would appreciate your answering. We're getting a question. What is a contracted provider and how does a hospice provider know if they are contracted or in-network?

TP: Thanks, Laurie, that's a great question. I've seen that one a lot. So under the model a contracted provider is a provider that enters into a written agreement with a participating plan to furnish services to its plan's enrollees. The contract between the provider and the participating plan may specify payment rates, services the provider will offer, and rules around how to bill or interact with the plan. Contracted providers are also known as in-network providers. If the hospice provider has not signed an agreement with a participating plan, then that provider is out-of-network for that plan until a network contract has been established.

LM: Okay, excellent, thank you, Trudel. Doug, here's one I might ask you to take a shot at answering. When we're looking at how hospice providers are paid what are the new billing processes associated with the model for hospice providers?

DC: Thanks, Laurie. I think the most important thing to remember is that if you provide services to a hospice enrollee who receives their Medicare coverage through a participating plan your Medicare administrative contractor will not provide payment for any services that you provide. You must bill the participating MA plan to receive payment for the hospice care.

LM: Excellent. And Doug, you did so well at that one I was going to ask you if you would talk to us a little bit about, there's a question in here that I think is excellent. What kinds of transitional concurrent care will be offered under the model? Is it all curative care?

DC: Thanks, Laurie, another terrific question. When I saw this one pop in the chat, it's certainly a question we've been getting a lot. At a broad level, it depends on the strategy of the model participating MAO developed with its network providers. We saw slight variations in the strategies for transitional concurrent care, but two main approaches and applications that we saw were, one, either a targeted approach based on a set of defined conditions, services, and frequency or intensity, or two, a time-limited approach to phasing down any curative treatment. Examples that we've talked about in the RFA and elsewhere of these services could be dialysis, blood transfusions, chemotherapy that steps down to be more palliative in nature over time. One of the really exciting things about this model for CMS is the opportunity for innovation between MAOs and network providers and we expect to learn and build off of these new partnerships. In general, I'd close my question with saying that the MAO strategies overall recognize that any transitional concurrent care approach needs to be clinically appropriate for the patient, it must reflect the patient's and caregiver's needs, and it has to be well coordinated across in-network hospices and other treating providers as necessary.

LM: Okay, thank you so much. So one question I see we've answered before, but happy to answer it again, is will slides go out after the presentation? And absolutely. As I said, it'll take us a little bit to make sure they're 508 compliant and we QC them one more time, but absolutely want to share them. It's just a part of our commitment to making sure that we put out as much information as possible. And I was thinking about the billing process question, and I was thinking of reflecting on that for a minute longer also. As I was talking about our resources, that we are really committed to making sure for hospice providers who will now be paid by their local Medicare Advantage organization who have a VBID enrollee in a hospice carve-in plan who has elected hospice, that we really want to make sure that we are really supporting you all as much as we possibly can. As I mentioned, you will be receiving a letter from us through your MAC, and it is designed to provide you information about being prepared for January 1 from a billing payment perspective with the contact information that is posted on the website, as I pointed to a link, but it will match up. It will tell you the local MAOs in your area who are hospice providers and really a critical sort of initial step is for model MA organizations and hospices to be in contact and to discuss the billing payment arrangements.

And so there are no surprises, no confusion post January 1 when the first MA enrollee is in a hospice that's in a local model area, that everyone will be clear on the billing arrangement. We, as I mentioned, have been having onboarding conversations with all of our Medicare Advantage organization participants for the initial year and part of that reason is to make sure that we understand what these MAOs have in mind regarding the billing process. So if we understand it for each of our MAOs, then we can be another source of information for the hospice providers and we will be working across the spectrum and trying to provide that information to local hospice trade organizations, at the state level and the national level. We've been in contact with everyone to try to make sure that folks know that we will be working with them with the latest information that we have as we receive it. So with that let's take a look what other -- to see whether we have other questions. There are a couple of evaluation questions, and I think really good ones. Sibel, at the highest level I wonder if you would share some information. I believe

we don't have the advantage of having Julia Driessen on today, but at the highest level would you share with people the expectation around the capturing the beneficiary caregiver experience? That is certainly envisioned as part of the evaluation.

SO: Thanks so much, Laurie. So we'll of course look at hospice CAHPS measures, for example, to look at what the caregiver or the beneficiary was in terms of doing some sort of retrospective review, recognizing the delays in CAHPS data, to ensure that we get more real-time beneficiary voice data for our modeling purposes as well as for evaluations. We'll also rely on any sort of beneficiary complaints data that we receive. I think those are the two main sources of incorporating beneficiary voice through hospice cap as well as through our real-time monitoring of beneficiary issues. Laurie, back to you.

LM: I mean I think that's great and we will absolutely be monitoring on a case by case basis any information that we receive that we're concerned about we'll definitely be following up on to make sure that we understand what the issues are and trying to address anything. There's a question that came in. Is there a place to see what MAOs are planning regarding palliative care services? At the highest level, and that's a really good question because such an important component of the model, and at the highest level all of the MAOs are expected to have a palliative care strategy. As a part of the sort of design of the model, we didn't require specific standardized requirements for palliative care services because part of the innovation and the potential partnerships between Medicare Advantage organizations and hospice providers is to work together on the particulars related to palliative care services. So we didn't step in that field in a specific way. So I think the information related to the palliative care services available would sit with each of the model participants. Sibel, would you have anything to add on that piece?

SO: Yeah. As Doug had mentioned earlier, at a high level all of the MAOs included as part of this strategy the basic elements that we outlined in the request for applications back in, I think it was December 2019 when we put that out, so they all have a comprehensive care assessment for those that they're targeting for palliative care services. They're providing comprehensive services by using an interdisciplinary care team. They're having care planning and goals of care discussion, advanced care planning, and 24/7access support. Not only are they providing the clinical support, but they're also providing psychosocial and spiritual support, payment system management, medication reconciliation, and caregiver support. We were really pleased to see, again, the richness of the palliative care programs that were proposed to us and we're really excited to see, again, what the impact of the model will be on the palliative care that beneficiaries receive.

LM: Excellent, thank you. Doug, do you have any other pieces for that? It's such a great question.

DC: No, I think Sibel hit most of the highlights. I would say, back to the innovation report that we mentioned earlier, while this is a requirement to have a palliative care strategy, we're really excited about the partnerships that haven't existed previously and ways we can potentially see upstream involvement of palliative care to reach more enrollees than we have in the past.

LM: Excellent. Thank you. So Sibel, with the technology concerns today there may be questions that I'm not seeing. Do you have any others that you would read out to us?

SO: So I see a number of questions again about -- there's questions related to -- that all have the same answer. So first there's a list of complete MAOs somewhere. Where do we find what MAOs are in our area? Where do we get contact information such as provider relations department contacts so that our hospices can reach out to them for questions related to their benefits and payments? Trudel, do you want to take that bundle of questions and describe sort of what's in that spreadsheet that we have up on the website?

TP: Oh, that's good. Yeah, thank you. Sure, thanks, Sibel. So as Sibel mentioned, there is a list on our website of all the participating plans. So this will include both sort of the parent sponsor organizations, the contract number, and then the actual plan numbers. So you'll be able to look up specifically whether or not there's a plan in your area. And then in addition to this, there's also some information about how to contact the plans. The plans provided this information, so you'll be able to look up who to contact if you have questions about billing or payment. I would note that the list that we have up on the website, which I think is also on our resources slide in this deck, is the complete list for calendar year 2021.

LM: That's great. Thank you, Trudel. So I know we don't have very long left and just trying to scan some of the other questions that I see. It does look like there was some concern about the network policy and what that's going to look like. And as I said, that is an issue that we will absolutely be putting out additional information on, but most importantly additional opportunities for learning about the policy from different stakeholder perspectives. And the concept of a narrow network is one that is not familiar to folks now, but we intend before making any decisions on how to proceed we will absolutely be putting additional information out. So with that, I'm afraid we have run out of time for today. Thank you so much for your participation and as I shared these additional opportunities for getting questions in, we will absolutely be at the office hours and we have a VBID mailbox, VBID@cms.hhs.gov, that is being posted now which you don't need to wait for the forms to be out. I think people can jot that down, take a picture of it, and we will look forward to working with many of you in the not too distant future and happy to take questions to help our MAO non-participants at this point make decisions for the future. Thank you.

END OF AUDIO FILE