

CY2022 VBID Hospice Benefit **Component – Office Hours Webinar** **Transcript**

Martina Gill:

[00:00:00] Thank you for joining this Office Hour's session for the Value-Based Insurance Design, or VBID Model's Hospice Benefit Component. Questions can be submitted through the Q&A panel. Please be sure to select all panelists so all presenters can see your questions. The VBID Model team will read submitted general questions and provide answers. Some inquiries may require additional research. The VBID Model team will investigate these inquiries and reply via email. At this time, I will turn the presentation over to Laurie McWright, the Deputy Director of CMMI's Seamless Care Models Group. Laurie?

Laurie McWright:

[00:00:47] Thank you, Martina. Good afternoon. Thank you for joining us today. And as Martina said, I'm Laurie McWright, and I'm the Deputy Director of the Seamless Care Models Group. And my group is responsible for a broad set of integrated care delivery models that focus on increasing value for beneficiaries. And what that really means is, we work on models to hopefully improve the quality outcomes for beneficiaries at a lower cost. So, with that, let's go ahead and get oriented for the afternoon. And let's start out looking at our agenda.

[00:01:45] To begin, we're going to provide a bit of background on the VBID Model overall, the Value-Based Insurance Design model, and in particular, the Hospice Benefit Component. Then, we'll move on to cover some key information that both participating Medicare Advantage Organizations, MAOs, and hospice providers should be aware of. And then, we'll walk through some key resources that are available for our participants, and then, wrap up with a Q&A session. So, for the Q&A portion, we will do our best to get to as many questions as possible, but we, from experience, tend to try to prioritize the frequently asked questions that we believe can help the most folks, like in terms of MAOs, and hospice providers, and beneficiaries. So, of course, we appreciate all your questions and if you don't get an answer today, specifically, please go ahead and submit your question to the VBID mailbox so we'll know that it's a priority to you to receive feedback on.

[00:03:00] Okay. So, for today's webinar, we have three major goals that we'd like to accomplish. First is to provide information to model participating MAOs, and hospice providers, to support the implementation of the model for this year. And then second, we'd like to give those who are not participating in the model for this second year additional information for consideration and possibly for participating in the future. And third, answer questions to make sure that you know about the variety of resources that are either available now or we plan to make available, and whether you're participating in the model or not now, they could be helpful

for future consideration. And even if you're on the call and interested in just understanding implications for beneficiaries, we are hoping that these recourses would be helpful for you.

[00:04:10] So, with me here today, I am joined by three of my colleagues. First is Sibel Ozcelik. And she is one of the Co-Model leads for the overall VBID Model. And she'll be helping me run through the presentation today. Next is Jane Andrews. And she is one of our Senior Advisors on the VBID Model team. And she's going to help us run our Q&A. And finally, Julia Driessen is going to be available, and she is our VBID Model Evaluation Lead. And she's here to answer questions on the evaluation.

[00:04:52] Great. So, before we get started, I get to do my favorite slide, the disclaimer slide. And that's basically just reminding us that we're here for educational purposes, and giving general information, and nothing that we're saying would constitute legal or financial advice. So, now with that out of the way, let's go ahead and dig into the content, get ourselves to the Q&A, which really for me, I think, is most important, to focus on listening to what you're interested in knowing and where we can help.

[00:05:37] So, as most of you know, the Hospice Benefit Component is really a part of a larger model, the Value Based Insurance Design Model, and really in a nutshell, the VBID Model allows for innovations in the Medicare Advantage space. And I guess at the broadest level, it's really about providing Medicare Advantage organization with the necessary flexibilities to deliver the highest value care to the most vulnerable of our beneficiary population, or those who, I guess, need it most. The model began in 2017 and it's scheduled to run through the end of 2024.

[00:06:30] And now, as you can see on this slide, the VBID Model has a variety of different components that Medicare Advantage organizations can apply to participate in each year. The components on the left are those that were present before '21, and the components on the right in the blue are those that began in 2021. I'll take just a minute to go over the components. Starting from the left, the first component of VBID really builds on the existing model's foundation, where we're allowing for variation in benefits based on a limited set of conditions. And now, we've gone further to test the use of targeting based on enrollee's broader chronic conditions, or their socioeconomic status (SES), or both.

[00:07:26] And then the second, moving towards the right, the second component of VBID allows CMS to test the impact of a more robust rewards and incentives (RI) program, including allowing the use of the party rewards and incentives for Medicare organizations, and organizations that offer a Part D prescription drug plan. A third component here is our wellness and health care planning (WHP) component, and this is the one required component, where MAOs that are choosing to participate in the model need to apply for this component and have it approved.

[00:08:07] And really, the goal here is to test how MAOs current processes and systems for wellness and health care planning, including advanced care planning, can best be structured to allow for appropriate sharing of information, and access to advanced care planning. So, the fourth component is the Hospice Benefit Component, and as I'm sure most folks know, really is

testing the impact of carving in the full Medicare hospice benefit into the Medicare Advantage benefits package. At the broadest level, its aim is to improve the quality of care and access to hospice care by increasing appropriate and timely access to hospice and palliative care.

[00:09:06] We'll obviously get into much more detail about the Hospice Benefit Component in a little bit, but to keep moving on the broad strokes, the fifth component is our cash or monetary rebates component, and that really tests the impact of allowing Medicare beneficiaries to share more directly in the program savings by permitting MAOs to offer a mandatory supplemental benefit that is in the form of cash or monetary rebates. And that would be offered to all enrollees in the VBID Model plan. And finally, we have the new and existing technologies component. And that's where our Medicare Advantage organizations can propose to cover new and existing technologies in addition to medical devices that are FDA-approved but that do not actually fit into an existing Medicare benefit category.

[00:10:00] And we'd envision this component for targeted populations, so for those with chronic conditions or that are lower income. And really, its major aim is the idea of allowing the vulnerable populations to receive the highest value from the new or existing technologies, or potentially a medical device. So, in sum, any one of these components, an MAO can choose to apply with, and assuming that they're also including the wellness and health care planning component.

[00:10:45] Overall, we've been really excited to see all the growth in the model since its inception. And we started with 45 plans in three states, and we've grown to over 1,000 plans for this year. And I'd say the growth is exciting, but even more important and exciting is the growth in the number and types of clinical and social needs interventions, that reach has expanded to an estimated, for this year I believe, like 3.7 million enrollees. Now, of course, that's over all of the VBID Model components. And we've really seen, I think, what you'd call a shift toward a focus on health equity, and the majority of our participants are participating in the VBID flexibilities, and that's where we've seen an interest on the MAOs' part, by targeting by the socioeconomic status. We're actually, I believe it's like 98 percent of those targeted in the VBID benefits for this year will be targeted by socioeconomic status.

[00:12:15] An example of that targeting is MAOs that are offering beneficiaries access to affordable medications and that's where MAOs are reducing or eliminating the cost sharing for all Part D drugs across all the Part D benefit spaces for their low-income enrollees. Very, very exciting. And I believe that's targeted to, I think almost three million enrollees.

[00:12:48] We've also seen a great interest in the provision of healthy foods, grocery allowances, and I think that's up there close to three million targeted for that, as well. Other types of interventions that seem really helpful to beneficiaries would be coverage of trips to medical appointments, non-emergent medical appointment, coverage of high value Part D services, and that could range from 0-dollar cost sharing for cardiac rehab, dialysis, primary care visits, urgent care, Part D drugs, it really ranges, very interesting, very exciting.

[00:13:30] So, now that we've been through the context of the model as a reminder, I want to shift gears and turn the mic over to my wonderful colleague, Sibel Ozcelik, and she's going to focus more on the details of the Hospice Benefit Component. Sibel?

Sibel Ozcelik:

[00:13:55] Thanks so much, Laurie, and thanks so much to everyone, again, for joining us. We really thought it would be helpful to provide that context of the overall VBID Model. And then, now, we're going to shift over, as Laurie said, and focus really in on the Hospice Benefit Component. So, as a refresher, this VBID Model component is focused not only on improving access to high quality hospice care by carving in the full Medicare hospice benefit, but as shown in box two, also on improving access to comprehensive palliative care that's upstream of hospice, or in lieu of hospice, as aligned with beneficiary wishes, and caregiver wishes.

[00:14:35] It also tests, number three, transitional concurrent care for MA enrollees to continue receiving care that's clinically appropriate while in hospice, and number four, enables the offering of hospice supplemental benefits, such as additional meals, in-home respite care, transportation, to provide additional wraparound benefits to improve quality of life for hospice enrollees. And through this model design, the Hospice Benefit Component provides lots of opportunities, I think, for model participating MAOs and hospice providers to come together to form innovative partnerships to improve access in care while ensuring some of our most underserved beneficiary have broad network access, while of course, with your stakeholder input and lessons from the first year of the model, CMS works to identify appropriate network adequacy standards for hospice providers.

[00:15:30] And I think it's helpful to contextualize what does 2022 look like? We've started the year and I think it's helpful to know that just as in 2021, in 2022, we still continue to keep a number of requirements and policies, and I want to highlight a few of the most important ones to us. So, number one, participating MAOs must continue to cover hospice care for enrollees, regardless of whether they choose an in-network hospice provider, or an out-of-network hospice provider. And MAOs cannot apply any prior authorization or utilization management as it relates to hospice care that's related to the enrollee's terminal condition. MAOs must pay for out-of-network hospice care at 100 percent of original Medicare rates, including physician services in the service intensity add-on payments, or the SIA payments. And then, of course, participating MAOs must also pay for unrelated services, and/or post-hospice live discharge costs, as long as they are deemed to be appropriate and medically necessary.

[00:16:41] So, as we go and look into 2022, there are 14 MAOs, half of them shown on this slide here, with 115 plan benefit packages or plans participating across limited portions of 21 states from New York. So, from New York, to Puerto Rico, to California, overall, we're projecting about 20,000 or so VBID hospice enrollees in 2022 across these plans. And together, in partnership with MAOs, hospices and beneficiary advocacy groups and beneficiaries themselves and caregivers, we hope to help ensure that those with serious illness and their caregivers receive the right care at the right place, and at the right time, regardless of payer.

[00:17:33] So, I'll switch gears once again to walk through some of our resources that can be found on the VBID Model and the Hospice Benefit Component web pages. Over the past year or

two years, we've really developed a lot of resources for our providers, for MAOs, for beneficiaries, and advocates. And so, we really want you all to be aware of these resources and know how to access them. So, before diving into the resources themselves -- and these are just a select few of the resources that we wanted to highlight on this during this office hours session -- we did want to take care of some housekeeping. So, the next set of slides that we'll show contain screenshots of certain CMS websites, and especially related to the Hospice Benefit Component.

[00:18:15] As shown here, we've accessed them through Google Chrome, and the spreadsheets were accessed through Microsoft Excel. And of course, depending on what type of websites you visit or spreadsheets you access, you might see results that are different from what we're showing here. And then what you'll see on each page is a dotted black highlighted box, as shown here at the bottom of the slide here, that we want to bring attention to as we're walking through the websites and spreadsheets.

[00:18:52] Let's start with the first resource. This is my favorite one. It's the overall homepage for the MA VBID Model. What you'll see at the very top when you open up this website, which the hyperlink is on top, <https://www.innovation.cms.gov/innovation-models/vbid>, what you'll see on top is a blue box. This blue box will take you automatically to the hospice website for VBID, where we've actually created hospice-specific web pages for hospice providers. These websites, which I'll get to in a little bit, are really provider-friendly web pages that go through everything from coverage details, the billing details, to plan and contact information, and then you'll also see on the VBID proper main web page, there's also automatic links to go to the 2022 details. So, if you click there, you'll see a host of 2022 resources, like the 2022 RFA, or the request for applications, hospice data books, rate books, communications and marketing guidelines, which include important guidelines for how MAOs must communicate and market the Hospice Benefit Component.

[00:20:08] There is even the hospice monitoring guidelines that are posted that details the 20-30 plus measures that we look at as it relates to the Hospice Benefit Components. So, just a host of information. On this webpage, as well, you'll also find webinars that we've done for the model, including topics ranging from health equity to cardiovascular disease prevention that may be of interest. That said, if you click on that first link, you'll get to the hospice pages.

[00:20:45] These user-friendly web pages provide additional details, again, that are specific to the [Hospice Benefit Component](#) for hospice providers. And using this site, as I said, you'll find a wealth of information. So, as you'll see, there are lots of different tabs. So, if you click on the overview page, you'll see three top things hospice providers need to know, like the fact that the model, again, does not permit prior authorization requirements, or on hospice elections, or transitions between levels of hospice care. On the coverage page, you can read about what MAOs must cover under the model. On the billing and payment page, you can review steps to conduct an eligibility check to figure out whether an enrollee or a patient that you're seeing is actually enrolled in a VBID hospice plan.

[00:21:30] And then, there's a checklist as well on there about how to properly bill under the model, where you have to both submit your NOEs, NOTRs, which are the notice of election and

notice of termination and revocation, to both your MACs as well as the participating VBIID hospice plan. And then, lastly on the last two tabs, outreach and education page, it has lots of different resources and a checklist and there's a text called "Operational Guidance Document," and then on the FAQ page, there's a whole bunch of FAQs, and then at the very bottom of the page there's actually an FAQ document that, I think, a 20-page document that has lots and lots of questions that you all have asked us during the webinars like this one. So, just again, a whole bunch of information resources. So please, please, please take a look at those.

[00:22:30] In the VBIID mailbox, I think the number one question we get is, "Which plans are participating?" So, if you actually go on this webpage, what you'll see is a list of the plans that are participating and how to get in contact with them. And it's such a vital and important page. So, if you clicked, actually, in the little box here on the word here, you'll be able to download a spreadsheet that contains, again, the contact information for the MAOs as well as their service areas. So, here, we're showing you the about page, and the data dictionary, which is helpful to know what information is in the document.

[00:23:27] On this page, as you can see, you have the contact information for MAOs, and we have a number of contacts listed here. It's more contact information than what we include on the main website, so you want to open up this spreadsheet. And what you'll see is there's a network administrator contact, there's a contact for billing and claims processing, there's a contact for clinical information. And then, some of the MAOs actually have websites that they've built for hospice providers, or they have other contact information that is housed in the spreadsheet.

[00:24:08] And then, on this tab, this is also a really important tab, because if you look at the first three columns, what you see is the contract plan segment ID information. This is how you identify the actual VBIID hospice plans, so you want to look at that number together, along with the plan name, for example. And that information will match whatever is on a patient's, if they're in a Medicare Advantage Plan, and a VBIID hospice plan, these pieces of information should match what's on the membership ID card. And then, what you'll also see on this specific tab of the spreadsheet is also the service areas that the plans are covering through these specific MA plans. Now, I will turn it over to Jane to get us started with some questions.

Jane Andrews:

[00:25:00] Great, thanks, Sibel. So, we are going to move on to answer the questions you've submitted to us. As a reminder, if you'd like to submit a question to us now, you can do so using the Q&A box on your screen. And again, we'll answer as many of the commonly asked questions as we can, and if we don't have the opportunity to answer your question, please feel free to follow up with us by reaching out to the VBIID mailbox, and I think you have that address in these materials. We'll also use these answers to develop future FAQ documents on a periodic basis, so please continue to submit your questions.

[00:25:35] All right. So, the first question I have, I'm going to ask it of Sibel. It is, I am a hospice provider and I've reached out to the local MAO for my county and have not heard anything back. What should I do?

SO:

That's a great question. So, as I had mentioned earlier each MAO has several points of contact listed, so you want to pull up that spreadsheet we just went through, and make sure you're contacting point of contact that's listed in the spreadsheet for the type of inquiry you're making. So, for example, if you had a claims and billing question, you should go to whoever's listed on that spreadsheet as the claims and billings SME, or subject matter expert.

[00:26:20] And the other is, some of the contacts have been updated since being posted initially back in September, so you want to make sure that you're going back to the website to make sure you have the latest and greatest information. That said, if a week or two has gone by and you still haven't heard a response or any outreach from the participating MAO, please do reach out to us at the VBID mailbox, at vbid@cms.hhs.gov and what we can do on our end is conduct outreach to the MAO, to make them aware of the outreach and make sure we have the right contact information up on the website.

[00:27:00] What's helpful to us is if you want us to do that outreach to the MAO, please let us know if you're comfortable with us also sharing your email so that we can put you in direct contact with the MAO, as well.

LM:

Sibel, can I just jump in here for a second? It also just occurred to me that, we've talked with all of our participating model Medicare Advantage organizations and telling them it is actually our expectation that they're doing the outreach to local hospices, it kind of goes both ways, but if for any reason Sibel's plan of us trying to facilitate an interaction, we're absolutely happy to do that, but we really think of it as the MAO organization's responsibility participating in the model to seek out local hospice providers and explore contracting relationships with them.

JA:

Yes, thank you for that. So, we have a question about notice of elections, or NOEs. This is a question for Sibel. Do we have to follow the notice of election Medicare requirement of five days?

SO:

Yes. That's a great question. So, the hospice provider is still held to the NOE, or the notice of election timely filing requirements for the MAC, and may be held to the same timely filing requirements for the MA plan separately. And so, what you want to do, again, to Laurie's point of building that relationship with a plan, you want to reach out to the plan, or the plan should reach out to you and let you know what the requirements are, as it's been required by CMS for them to conduct outreach.

[00:28:55] But if you've not heard from the plan again, reach out to us, let us know. But overall, you want to check with the plan to make sure that what the timely filing requirements are, as plans may have different requirements.

JA:

Great, thanks Sibel. Laurie, how about a question for you? If a national parent organization is participating, are all of its plans nationally participating?

LM:

[00:29:26] Oh, that's a great question. So, no. The short answer is no. Just because an MAO is part of a larger national MAO that's participating in the VBID hospice component of the model doesn't necessarily mean that all of the MAO's plans would be participating.

JA:

Great, thank you. And Laurie, another question regarding contracted providers. Can you talk about what a contractor provider is, and how does a provider know if they are contracted or if they are in network?

LM:

Oh, that's an important question. Thank you for that one. Sure. So, under the model, a contracted provider is a provider that actually enters into a written agreement with a participating Medicare Advantage organization, to furnish original Medicare services to its plan's enrollees. The contract between the hospice provider and the participating MAO could specify payment rates, services the hospice provider will offer, there could be rules around billing, and claims, just rules of the road, I guess would be one way to think about it.

[00:31:05] And another term, probably, for contracted providers that would be important to acknowledge is, often, we refer to them as the in-network providers, and of course, that would mean that that in-network providers would be able to offer hospice supplemental benefits and the traditional concurrent care. And if a hospice provider has not signed a contract with a participating plan, then that provider is considered out-of-network, and that plan would then be required to pay the out-of-network hospice 100 percent of fee for service hospice rates.

JA:

[00:31:57] Great, thank you for that answer. So, Sibel, we have several questions related to billing. So, let me start with the first one. How do I bill for hospice services under this model?

SO:

So, I answered a little bit about this earlier. So, under the model, how you bill depends on the type of contract that you have with a participating plan. So, if you have a contract, you want to follow the requirements, that's in your contract between you and the participating plan around billing and payment. Now if you don't have a contract and you're an out-of-network provider, then you can bill a participating plan pretty much in the same way you bill your Medicare administrative contractor, or your MAC for hospice care, using the same forms. But regardless of whether you're in-network or out-of-network, you, must send you all of your claims and notices for enrollees that are in VBID hospice participating plans to your MAC. That's really important that your claims and notices go both to the MAC, as well as to the participating plan.

JA:

[00:33:20] Right. So, the second billing question, and I think you have touched on this but it might bear repeating a bit, so what billing requirements do MA plans have?

SO:

[00:33:36] Thanks, Jane. It's very similar to my first response. Billing requirements under the model depend, again, on whether you have a contract with a participating plan. So, if you do have a contract, you want to be sure you're following those requirements, again, that are set out between you and the plan. And if you don't have a contract, then the billing requirements should be the same as the requirements for your MAC or hospice care, and you'll want to follow what's in the Medicare plan's processing manual. Participating plans, again, as I have mentioned before on the notices, they may have similar requirements of timely submission of notices, and the length of time that you have to submit claims. And so, you'll want to make sure you communicate and you exchange information with the MAO.

[00:34:37] And we really encourage hospices and plans to reach out to each other, communicate, and potentially even innovate, just to deliver better care and timely care to patients with serious illness.

JA:

Thank you, Sibel. And I think you answer the question about who folks would contact if they have questions about eligibility and billing, which is to contact the participating MA plan to confirm an enrollee's coverage without a plan, is that correct?

SO:

Yes. That's correct, you want to reach out to the plan and use that information in the spreadsheet, the contact information there.

JA:

So, one more question for you, Sibel. Is participation in the model optional for hospice providers?

SO:

[00:35:31] That's a great question. So, if you provide services to an enrollee who receives their Medicare coverage through a participating plan, your MAC will not provide payment for any services that you provide. So, you must bill the participating MA plan to receive payment for those services. However, you choose whether you want to contract or not with the participating plan. So, if you choose not to contract and you remain an out-of-network hospice provider, you should contact the participating MA plan before providing hospice care to the patient who's enrolled in their plan.

[00:36:13] And of course as I mentioned before, if you do provide those services, you can bill the participating plan in the same way that you would bill your MAC for hospice care.

JA:

Great, thank you. We got one about, if there is no participating plan in my service area, can I still be impacted by the Hospice Benefit Component of the VBID model?

SO:

[00:36:38] And I saw this question asked a few different times in the Q&A box. Someone asked, "If a patient got their plan in a state that participates in VBID and moves to a state that does not

participate, with that provider be a participating plan?” And then we also saw a question that said, “If a beneficiary or participating enrollee moved out of the VBID area or VBID plan and goes to a non-participating service area, will the receiving area have to participate in VBID?” So, I think what these questions are all asking is exactly what you asked, Jane, initially, which is, in the event that a VBID hospice patient, or enrollee moved from outside of their service area and continues their hospice election, and continues to remain in that VBID hospice plan, the plan for participating in the Hospice Benefit Component will continue to cover their hospice care regardless of where they move.

[00:38:00] And so, it’s important to note that enrollees in participating plans can choose, of course, any Medicare-certified hospice provider that they want, and the plan will cover that care. So, you should definitely check your patient’s Medicare enrollment and coverage, identify whether they’re enrolled in a VBID hospice plan, prior to providing services or billing your MAC, on or after the start of this past year. Jane, back to you.

JA:

Yes, thanks, Sibel. Laurie, I know Sibel touched on this in her slides, but can you speak to whether there’s a prior authorization process for hospice care?

LM:

[00:38:43] That’s a really important question to give an answer to. I think under the model, participating MA organizations cannot require prior authorization, or utilization management reviews on hospice care, except with respect to pre-payment or a post payment review with specific circumstances. Generally, I think the way I think about it is if Medicare Part A would normally cover the hospice care, then a participating coverage MAO would not be able to refuse to provide the coverage and cannot review care to determine if it’s covered.

[00:39:48] Now, in situations where a participating MAO notices a pattern of risk towards patient, future harm, or a program integrity risk, then an MAO then could conduct a prepayment or post-payment review. But that, let me be clear, is not the same as prior authorization. Participating plans in that kind of situation would be conducting a review across a number of different claims, and not at the individual level. So, yes. Thanks, Jane, that’s a biggie.

JA:

I know Sibel touched on what happens when an enrollee changes plans during a hospice election, but Laurie, can you speak to that and whether a new notice of election is needed?

LM:

Oh, yes. Thank you. So, if an enrollee changes plans during a hospice election, coverage for that enrollee’s care really depends on his or her current enrollment. So, you only actually need a new notice of election when the enrollee revokes and then reelects the hospice care. So, through the end of the month, if an enrollee changes plans, then the plan that’s in place during the month of the change would be responsible for the hospice care, through the end of that month.

JA:

[00:41:38] So, either Laurie or Sibel, can you speak to when the RFA [Request for Application] 2023 will be posted?

LM:

Yes. So, I can take that one. As soon as we can possibly do it is the answer to that. We are working hard with leadership to be able to post. And definitely soon, but I'm sorry it's later than we would like and we will get it out as soon as we possibly can. Jane, while you're reading, I think I've seen a couple of times the question around will the slides be available? And absolutely. We will make those available. I think that's been answered in chat but just to make sure everybody hears it, total transparency here, we need to QC and make sure they're appropriate for the website, but we'll get them out as quickly as we can.

JA:

[00:43:08] We have a question about plans not contracting with hospices, and I don't know whether Sibel, you can answer that question. I think they want to know is it possible to exclude non-contracted hospices?

SO:

Yeah, that's a great question. So, plans or MAOs may decline to contract with providers. If a provider makes an inquiry about contracting with an MAO, the MAO must provide a written response to the provider for the reason, or reasons, for the decision to decline the contract. But at the end of the day, the MAO does not have to contract with a certain provider. As far as valid reasons for MAOs not to contract with a provider, we at CMS do not assume the role of judging or arbitrating the bona fides of contract negotiations between MAOs and available providers, as part of the non-interference clause. So again, we leave it up to MAOs and hospice providers to determine that piece.

JA:

[00:44:23] Thanks, Sibel. It looks like we have some network questions. Did we talk about any changes maybe around networks?

SO:

Right now, as Laurie had announced, we haven't yet released the 2023 RFA, or the request for applications, any changes in network design will be announced within the 2023 RFA. Over the past year, we've been meeting with lots of stakeholders from beneficiary advocacy groups, the hospices, and hospice trade association, MAOs and MAO trade associations, soliciting feedback on how to go about network adequacy standards for year three of the model.

[00:45:27] And so, we really appreciate all the feedback and thinking around this that we've received from all interested stakeholders. And we're looking forward to, as Laurie shared, putting out an RFA in the near future that will detail what the network adequacy standards look like in 2023. Laurie, would you have anything to add to that?

LM:

I think as with the beginning of the model, and the vision around involving all relevant stakeholders in developing the policies around the Hospice Benefit Component, initially, we took

a similar approach recognizing that it was important to hear from all vantage points. And so, we tried to be very deliberate and make sure that we got a variety of input. And so, we'll look forward to announcing the strategy for the network adequacy standards for 2023 in the hopefully, not too distant future.

JA:

[00:46:49] Yes, thanks Laurie. I think we've come to the end of live questions. Actually, I see one that just came in. So, I don't know, this might be for you, Sibel. If you are participating in PIP, can you participate in VBID?

SO:

Yeah, of course. Any Medicare-certified hospice provider can work with participating MAOs.

JA:

And how is cap impacted by this model?

SO:

[00:47:33] I think that is referring to the aggregate hospice cap and inpatient cap. So, VBID hospice enrollees are not counted in the fee-for-service aggregate and in-patient hospice caps.

LM:

Yeah, that was a good translation, Sibel. I was thinking that was what it was referencing, but I wasn't sure. So, good job. And I just want to give a quick call-out to the VBID team, and the resources on the website, I think, are very thoughtfully done. We've had a year's worth of experience. Going into the model last year, we tried to be really thoughtful about putting up information that would help make connections between plans and hospices, we developed a partnership toolkit, things that would be very user-friendly and connect, I guess, the dots for participating model plans, in addition to hospice providers.

[00:48:49] So, we're definitely open to feedback. If there's something on there that doesn't make sense, please let us know because we don't want to be in a bubble and we want to be putting out material that is helpful, and that does do that dot-connecting. So, let us know if there's something more, or different, and if we can do it, we will absolutely do it. So, thank you.

SO:

And Laurie, as you're talking about resources. These are some of the resources that are available. We went through a few of these, like the hospice provider webpages, and the spreadsheet. There's, of course, the 2022 Request for Applications, this details the policy for the VBID Hospice Benefit Component. There's also a hospice provider letter and checklist, this was mailed to pretty much all the hospices, I believe, in the 21 states, and Puerto Rico, just for awareness about how the VBID Model Hospice Benefit Component works and how billing and claims processing works. We thought it would be helpful to get this information out. And so, if you're in one of those states, you should have received a physical letter in the mail, and a checklist. We went through the FAQs, and then there's also a very detailed technical and operational guidance available on the website.

[00:50:20] We also have on the website the four past trainings that we've done, each training builds on the one previous. And so, you want to start off with session one, and go through all four trainings. This is another extremely helpful resource and tool that I would encourage interested stakeholders and hospices to really review. And again, as Laurie shared, if there's other things that are missing, resources that you'd like to see, please don't hesitate to reach out to the VBID Model team at ybid@cms.hhs.gov. Laurie, I'll turn it over to you for closing.

LM:

[00:51:05] Okay. Well, thank you so much for participating today. The questions being asked really give me lots of comfort that folks are engaging and asking good questions, and hopefully getting the answers that you came for. We are available to continue to answer those questions. Going into year two, it's hard to believe we've been through our first year, and really want to echo our appreciation for the model participants from year one, and hanging in there, and coming through with shining colors. Overall, I think a very strong first year where we learned a lot operationally, figuring out how the policies meshed together.

[00:52:01] And then I want to welcome aboard our new participating MAOs, and please attend the meetings and take advantage of all the resources available. With that, we'll maybe give you a couple of minutes back. And thank you to Acumen, LLC for helping us set it up.