

Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model: Hospice Provider Webinar

**What You Need to Know About
Calendar Year (CY) 2024**

November 9, 2023

Center for Medicare & Medicaid Innovation

Centers for Medicare & Medicaid Services

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Agenda

- Overview
 - Hospice Benefit Component
 - Returning Policies and Requirements for CY 2024
- CY 2024 Medicare Advantage Organization (MAO) Participants
- Billing and Claims Processes
- VBID Evaluation Report – Hospice Benefit Component
- Contacting the VBID Model Team
- Q&A

Disclaimer

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Overview of the VBIID Hospice Benefit Component and Key Policies for CY 2024

Overview of Hospice Benefit Component

This Model Component aims to enable a seamless care continuum that improves quality and timely access to palliative and hospice care in a way that fully respects beneficiaries and caregivers.

1. Maintains the full scope of the current Medicare hospice benefit

2. Focuses on improved access to palliative care

3. Enables transitional concurrent care for enrollees

4. Introduces additional hospice-specific supplemental benefits

5. Promotes care transparency and quality through actionable, meaningful measures

6. Maintains broad choice and improves access to hospice

7. Utilizes a budget neutral payment approach to facilitate all of the above aims

Returning Policies and Requirements for CY 2024

As in CY 2021, CY 2022, and CY 2023:

Participating MAOs must continue to

- cover hospice care for enrollees who choose to elect hospice through an in-network **or** out-of-network hospice provider.
- be prohibited from applying any prior authorization to hospice care related to the enrollee's terminal condition.
- pay for out-of-network hospice care at 100% of Original Medicare rates, including physician services and the service intensity add-on (SIA) payments.
- pay for any unrelated services and/or post-hospice live discharge costs, **as long as** they are deemed to be appropriate and medically necessary.

Release of the CY 2024 MNP Data Book

- Stakeholders can find further information about the specific MNP requirements for the CY 2024 participating MAOs through a downloadable spreadsheet found at the following link:
 - <https://www.cms.gov/files/document/vbid-cy24-hospice-mnp-databook.xlsx>

These data should be used for informational purposes only. Viewers should note that these data do not include any reference to, and should not be used to make any inferences regarding, the actual number of in-network hospice providers serving a particular county within the service area of a CY 2024 participating MAO.

CY 2024 MAO Participants

Hospice Benefit Component Participants in CY 2024

- In CY 2024, there will be 13 MAOs participating with a total of 78 plan benefit packages (PBPs).
- The service areas of these 78 PBPs will cover 690 counties across 19 states and Puerto Rico.
- For reference, in 2023, there are 15 participating MAOs with 119 PBPs that cover 806 counties across 23 states and Puerto Rico.

CY 2024 Participating MAOs

New Participants

- **First Sacramento Capital Funding** dba ProCare Advantage Plan with plans in select counties in Texas
- **Sentara Health Care** dba AvMed Inc. with plans in select counties in Florida

Returning Participants

- **Cambia Health Solutions, Inc.** with returning plans in select counties in Oregon, Utah, and Washington
- **CVS Health Corporation** with new and returning plans in select counties in Ohio and Pennsylvania
- **Guidewell Mutual Holding Corporation** with new and returning plans in select counties in Puerto Rico
- **Hawaii Medical Service Association** with returning plans in select counties in Hawaii
- **Highmark Health** with plans in select counties in Pennsylvania
- **Humana Inc.** with new and returning plans in select counties in Colorado, Florida, Georgia, Indiana, Kentucky, Ohio, Virginia, and Wisconsin
- **Kaiser Foundation Health Plan, Inc.** with new and returning plans in select counties in California
- **Louisiana Health Service & Indemnity Company** with plans in select counties in Arkansas, Louisiana, and Mississippi
- **Marquis Companies I, Inc.** with plans in select counties in Oregon
- **SCAN Group** with plans in select counties in California
- **Visiting Nurse Service of New York** with returning plans in select counties in New York

Contacting the CY 2024 Participating MAOs

Hospice providers should reach out directly to the participating MAOs for any specific questions regarding claims and notifications submissions, claims and notifications processing, clinical questions, and/or network participation.

Hospice providers can find the contact information of key plan staff (as provided by the participating MAOs) in two places:

- For general contact information for the participating MAOs, see: <https://www.cms.gov/priorities/innovation/innovation-models/vbid/vbid-hospice-benefit-participating-plans>
- For a downloadable spreadsheet that contains a list of the participating PBPs along with the contact information of key plan staff involved in the Hospice Benefit Component, see: <https://www.cms.gov/files/document/vbid-cy2024-hospice-contact-info-geo.xlsx>

Billing and Claims Processes under the Hospice Benefit Component

Billing and Claims Under the Hospice Benefit Component

- Check eligibility to determine if your patient has enrolled in a plan participating in the VBID Model Hospice Benefit Component.
 - Directions for determining a patient's eligibility and how to submit claims under the VBID Model can be found on the VBID website: <https://www.cms.gov/priorities/innovation/innovation-models/vbid-hospice-benefit-billing-payment>
 - Hospice providers should check if their hospice patient was enrolled in a MA plan participating in the Hospice Benefit Component in 2021, 2022, 2023, AND/OR 2024.
 - The patient's MA contract number and PBP identification information should be compared to the list of participating PBPs to determine the next step for submitting claims.

Billing and Claims Under the Hospice Benefit Component

Hospice providers must send all notices and claims to **both** the participating MAO and the relevant MAC on a timely basis.

- The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
- If a provider contracts with an MAO, they must still submit claims to the MAC as they typically would despite any in-network requirements.

If a hospice provider contracts to provide hospice services with a participating MAO, CMS encourages the provider to confirm billing and processing steps before January 1, 2024, as they may be different.

- **Note:** If a hospice provider chooses not to contract, the participating MAO must continue to pay the hospice provider rates equivalent to Original Medicare rates for Medicare-covered hospice care.

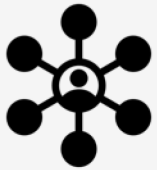
Hospice providers should keep in mind that a patient may travel for their hospice care so they may see a patient enrolled in one of the participating plans offering coverage not in their service area.

- **Example:** A patient with coverage from a participating plan whose service area is in Colorado may travel to receive hospice care from a hospice provider in Florida and remains enrolled in their Colorado plan. The provider should submit all notices and claims to the plan in Colorado.

VBID Evaluation Report Hospice Benefit Component

RAND conducted a mixed methods evaluation of VBID Phase II, with a separate assessment of VBID Hospice

Analyses of



- VBID applications
- Characteristics of participants and nonparticipants
- Utilization of component services

Interviews with



- Participant Organizations (PO)
- Hospices
- Enrollees

Difference-in-differences regressions of



- Hospice utilization
- Hospice CAHPS
- Bids and premiums

In 2022, RAND engaged with a range of stakeholders

POs



11 participating

16 non-participating

Hospices



10 in-network

8 out-of-network

1 hospice chain, with in-
and out-of-network
hospices

Beneficiaries



33 palliative care
recipients enrolled in VBID
Hospice plans

Interviews covered a wide range of topics

POs



- Reasons for implementing VBID hospice
- Implementation experiences
- Establishing hospice networks and working with hospices
- Impact of the model test

Hospices



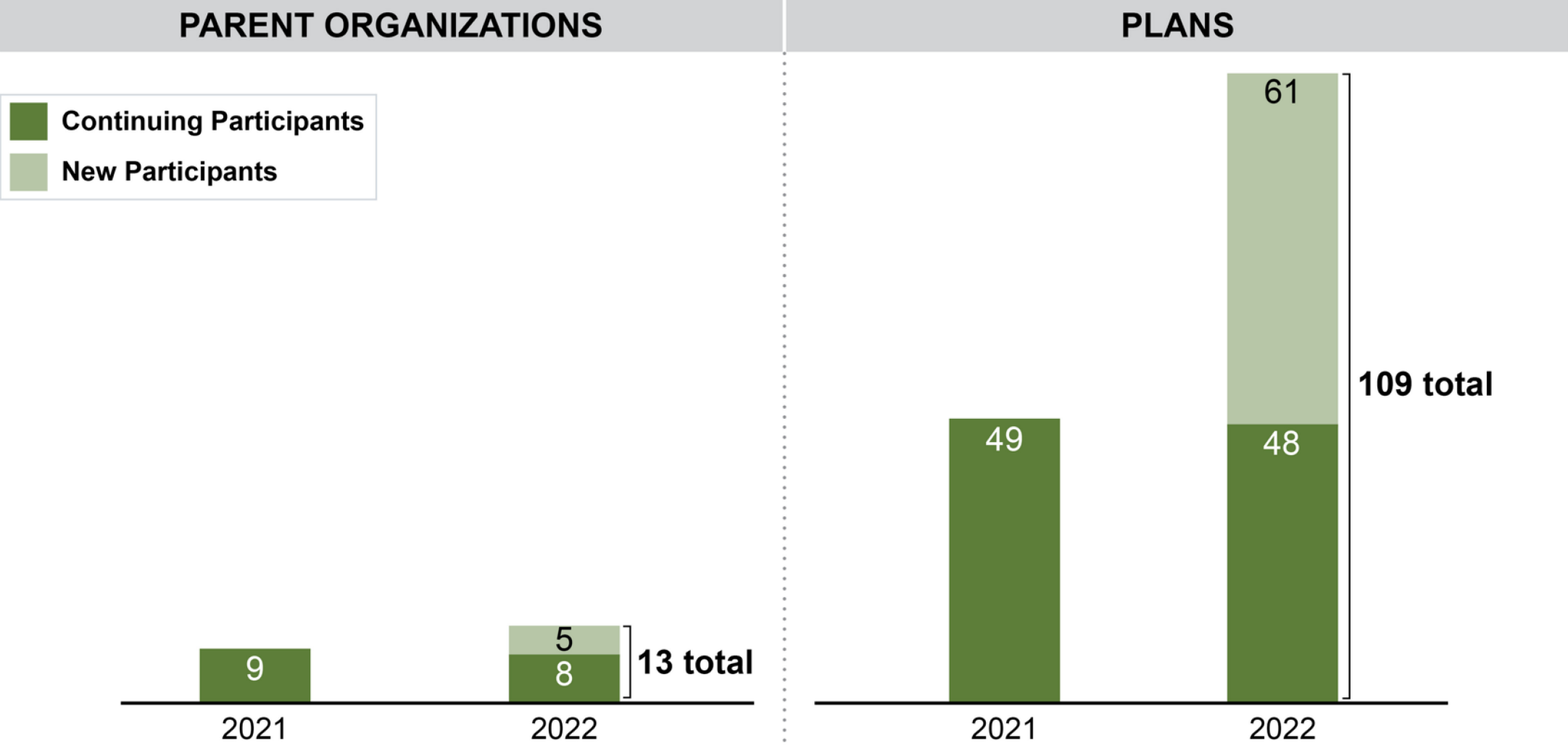
- Reasons for (not) joining hospice networks
- Contract negotiations and working with POs
- Implementation experiences, successes, and challenges
- Impact of the model test

Beneficiaries

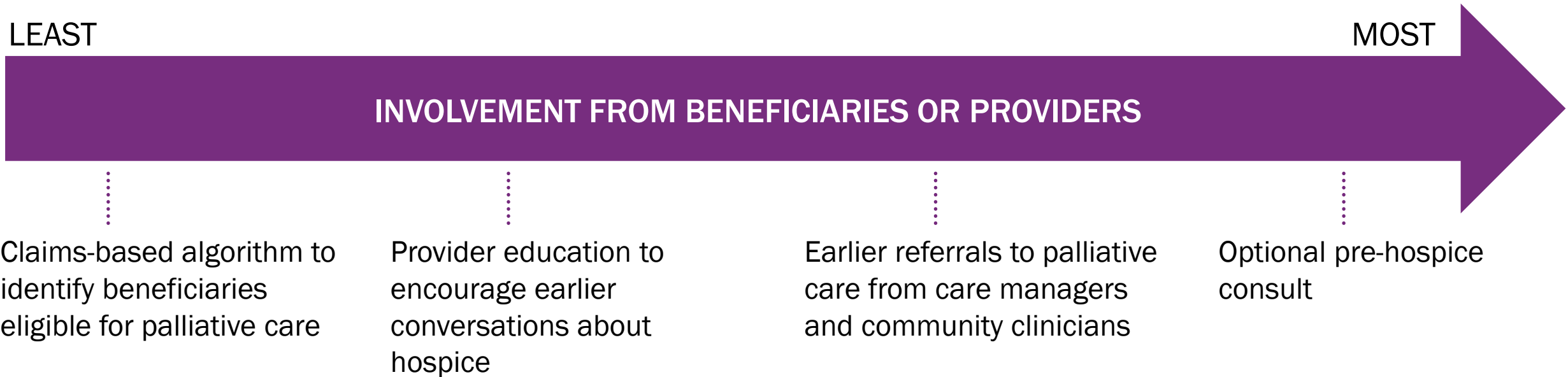


- Experiences with palliative care
- Description of a typical visit
- Strengths and areas for improvement in terms of the support provided
- Discussions around hospice cares

Participation in VBID Hospice grew in 2022



POs used a range of approaches to identify beneficiaries for VBID Hospice services



POs also varied in their coverage of Transitional Concurrent Care (TCC)

Tailored vs. Standard Benefits

- Most POs offered tailored TCC benefits determined on a case-by-case basis (n=8)
- Other POs offered standardized benefits for specific services, like dialysis (n=2), or covered all treatments (n=3)

Duration

- Most POs limited TCC benefits to 30 days of coverage (n=8)
- Other POs did not set a pre-determined maximum number of TCC days (n=3)

We just thought it would make a more seamless experience for our members if we continued to offer the services that they had for **30 days, no matter what those services are.** -VBID Hospice PO

Similarly, POs described different approaches to hospice networks

- Number of hospices
 - Some included 2 or 3 hospices in networks
 - Others contracted with 50+ hospices
- Established payment rates
 - Some offered full fee-for-service hospice payment rates
 - Others offered lower rates, assuming additional referrals or other upstream services would offset

New POs reported considerable implementation challenges that were no longer big concerns for continuing POs

Top Implementation Challenges	Median Rating for Continuing POs	Median Rating for New POs
Administrative processes	Slight-to-Moderate	Moderate-to-Considerable
Communicating with hospices about beneficiary eligibility and claims	Slight	Considerable
Training providers about availability of palliative care, TCC, or hospice	Slight	Moderate
Coordinating TCC between hospices and other providers	Slight	A Great Deal
Creating and maintaining a hospice network	Slight	Moderate

Hospices' predominant reason for wanting to join PO networks was long-term business viability

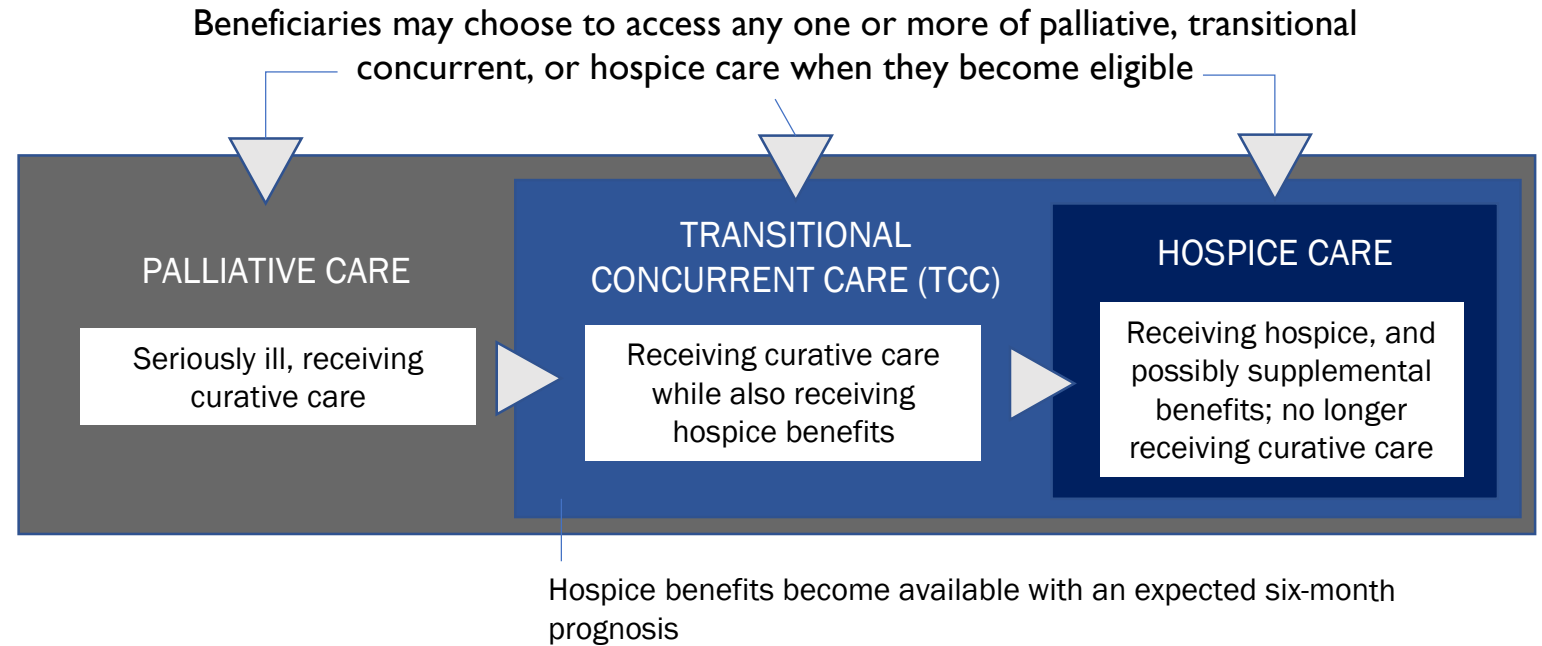
Reasons to join

- Increasing care options at the end of life, particularly through TCC
- Wanting to be at the forefront of changes to hospice care in MA
- Expanding on existing relationships with POs

Hospices shared some of the POs' concerns and also highlighted the burden of PO reporting requirements

- Similar challenges to 2021:
 - Claims submission and adjudication
 - Lack of clarity about TCC eligibility and services
 - Feasibility of implementing hospice supplemental benefits
 - PO reporting requirements
- Also raised concerns about in-network reimbursement that in some cases was lower than fee-for-service rates
- Challenges diminished in second year of implementation

Utilization of VBID Hospice services was lower than POs expected



In 2022...

5,673
beneficiaries used palliative care

152
beneficiaries used TCC

19,065
beneficiaries enrolled in hospice
1,233 received hospice supplemental benefits

But there was substantial variation across POs

- Palliative care
 - Ranged from 63-2,000+ beneficiaries per PO
 - Average number of days received was 133, ranging from 3-200+

- TCC
 - Ranged from 0-74 beneficiaries per PO
 - Average number of days received was 2-40+

Beneficiary interviews: Many beneficiaries and caregivers were unfamiliar with the term “palliative care” or its services

Lack of familiarity with palliative care presents:

- Important opportunities for beneficiary education
- Challenges to evaluating palliative care services delivered under the model

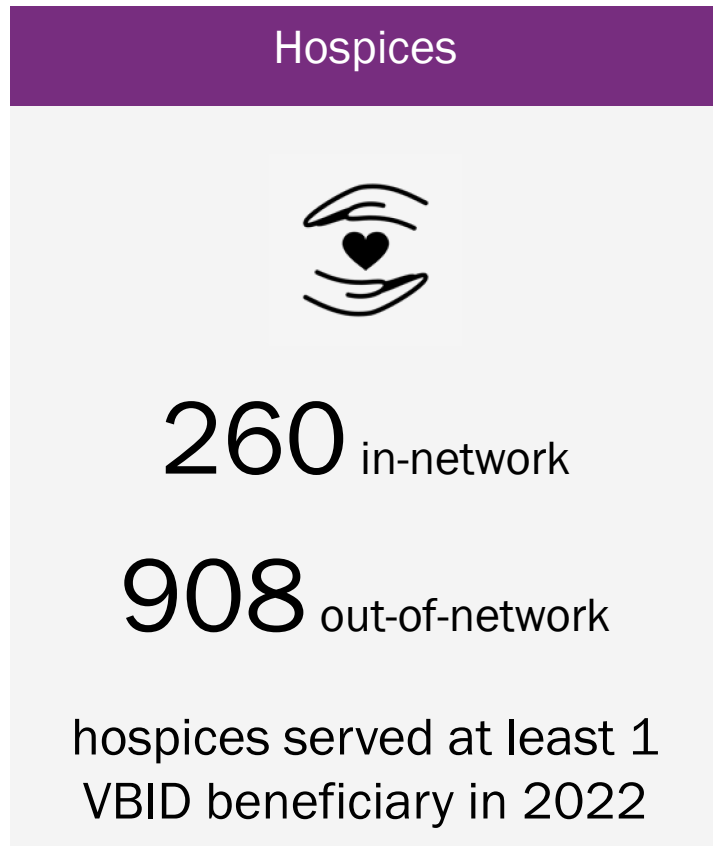
Beneficiaries and caregivers reported positive experiences with palliative care:

- Pain and symptom management
- Psychosocial support
- Spiritual support

Look, I am going to be very honest. **I don't know what palliative means.**
–Beneficiary

Well, they always check my pain level... I would tell them if I was having pain, **they got in contact with my doctor about the medication increase, decrease, or changes on the medication.**
–Beneficiary

Almost half of VBID hospice enrollees received care from an in-network hospice



Overall, 47.8% of enrollees electing hospice under the model received care from an in-network hospice.

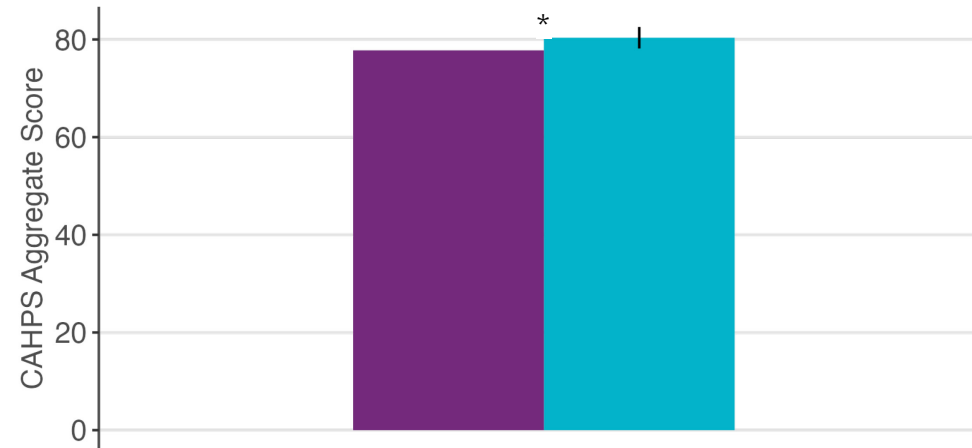
- POs varied in the proportion of enrollees choosing an in-network hospice, ranging from 9-98%.

The median in-network hospice provided care to 16 VBID Hospice enrollees. For out-of-network hospices, the median number seen was 2.

In-network hospices were larger and more likely to be a part of a chain than out-of-network hospices

Few associations emerged between Hospice component implementation and beneficiary-level outcomes in 2021

Estimated association between Hospice component and summary CAHPS Hospice Survey score



- Only the hospice care experiences outcome was statistically significant at conventional levels (2.59 points higher among VBID beneficiaries, $p = 0.02$)
- No impact on utilization outcomes such as hospice election and length of stay

VBID Hospice was associated with decreases in plan bids

Outcome	Unit	2021	2022
MAPD bids	Plan	-\$18.39 PMPM* (-31.91, -4.80)	-\$23.23 PMPM* (-34.59, -11.89)
MSB costs	Plan	+\$12.18 PMPM* (2.72, 21.63)	+5.82 PMPM+ (-1.02, 12.66)
MAPD premiums	Plan	-\$4.49 PMPM+ (-9.37, 0.39)	No change

95% confidence intervals shown in parentheses.

* Statistically significant values

+ Marginally significant values

Conclusion

- VBID Hospice represents a notable departure from how the hospice benefit has been delivered to Medicare Advantage enrollees.
- VBID Hospice component participation is growing, but uptake of palliative care, TCC, and hospice supplemental benefits continued to be low in 2022.
- Hospices and new insurers reported substantial implementation challenges, but insurers with more than one year of experience with VBID reported fewer challenges, suggesting that implementation is becoming easier over time.
- The proportion of beneficiaries receiving care from in-network hospices grew from 2021 to 2022.
- Participation in VBID Hospice was not associated with changes in hospice enrollment in 2021, but was associated with a small-to-medium increase in a summary measure of hospice care experience.
- Participation in VBID Hospice was associated with reductions in combined MAPD bids in 2021 and 2022 and reductions in combined MAPD premiums in 2021.

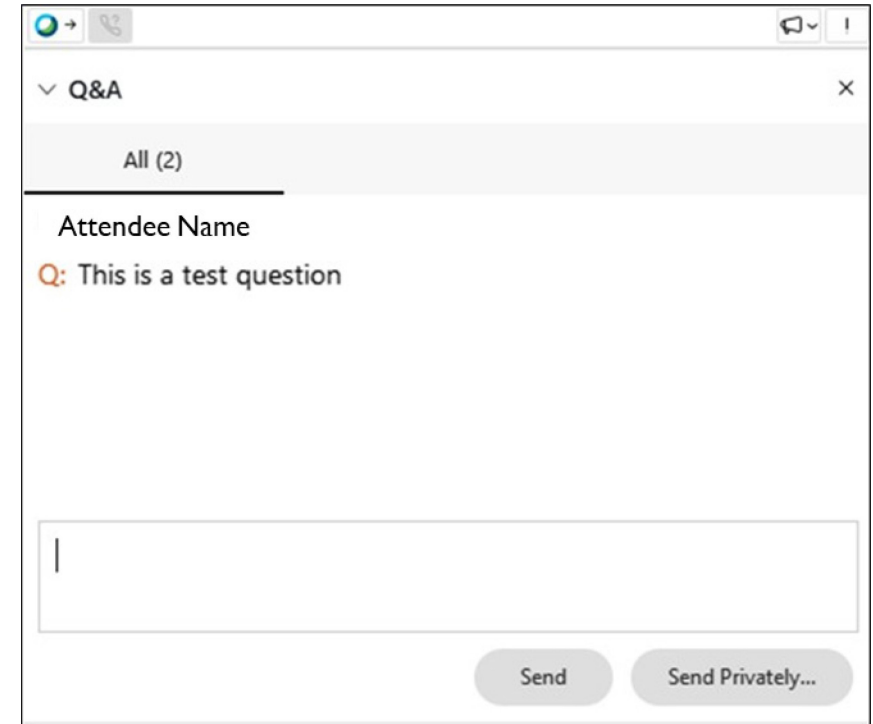
Key Resources and Contacting the VBID Model Team

Key Resources

- All stakeholders can reach out to the VBID Model Team with any questions, comments, or concerns about the Hospice Benefit Component at VBID@cms.hhs.gov
- For general information and technical resources, see: <https://www.cms.gov/priorities/innovation/innovation-models/vbid>
- For general contact information for the participating MAOs, see: <https://www.cms.gov/priorities/innovation/innovation-models/vbid/vbid-hospice-benefit-participating-plans>
- For a downloadable spreadsheet that contains a list of the participating PBPs in CY 2024 along with the contact information of key plan staff involved in the Hospice Benefit Component, see: <https://www.cms.gov/files/document/vbid-cy2024-hospice-contact-info-geo.xlsx>
- Technical and Operational Guidance: <https://www.cms.gov/priorities/innovation/media/document/vbid-hospice-technical-guidance-cy2021>
- Technical and Operational Guidance Supplement: <https://www.cms.gov/files/document/vbid-hospice-technical-guidance-cy2024.pdf>

How to Submit Questions

- Questions can be submitted through the WebEx Q&A panel.
 - Select “Q&A” followed by “All Panelists.”
- The VBID Model Team will review submitted questions and provide answers. Some questions may require additional research, and a reply will be shared via email.



Thank you for joining us today!

Please email us with any additional questions at:
VBID@cms.hhs.gov