

# **CY2024 VBID Hospice Benefit Component – Hospice Provider Webinar**

Thursday, November 9, 2023

**Kristina Askin:**

Hello, and welcome to today's hospice provider webinar. At this point, I'd like to pass it over to Anna Rosenblatt to get us started with introductions. [00:00:14]

**Anna Rosenblatt:**

Thank you. Good afternoon everyone, and welcome to today's presentation. My name is Anna Rosenblatt. I am the VBID Hospice Communications Lead, and I will be leading today's discussion in partnership with my colleagues, who I will allow to introduce themselves. [00:00:32]

**Adney Rakotoniaina:**

My name is Adney Rakotoniaina. I'm the VBID Model Health Equity Co-lead, and a member of the VBID Hospice Component Team. [00:00:42]

**Tzvetomir Gradevski:**

Good afternoon, my name is Tzvetomir Gradevski, and I am one of the co-leads for the VBID Model, and I specifically focus on the Hospice Benefit Component. Today we will be discussing the Hospice Benefit Component of the VBID model, addressing what you need to know as hospice providers for the upcoming 2024 calendar year. [00:01:00]

To review our agenda today, we will provide a quick overview of the Hospice Benefit Component, and then highlight returning policy requirements for calendar year 2024. We will also cover the calendar year 2024 Medicare Advantage Organization, or MAO, participants in the Hospice Benefit Component. We will also provide a brief overview of the general steps for billing and claims processes. Then I will turn it over to my colleague, Julia Driessen to provide an overview of the latest VBID evaluation report focusing on the Hospice Benefit Component. Then we will review how to get in contact with the VBID Model Team and close out with a question-and-answer session. [00:01:47]

As a reminder, we want to provide everyone with a disclaimer, and note that this presentation is offered only for general informational and educational purposes. As always, the agency's positions on matters may be subject to change. CMS's comments are not offered as, and do not constitute, legal advice or legal opinions and no statement made during this presentation will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules, and regulations. Attendees are responsible for ensuring that their actions fully comply with applicable laws, rules, and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance. [00:02:16]

I now will start us off an overview of the VBID Hospice Benefit Component and key policies for calendar year 2024. I'll now hand things over to my colleague, Anna Rosenblatt. Anna? [00:02:37]

**Anna Rosenblatt:**

Thank you, Tzvetomir. The Hospice Benefit Component is one component of the VBID Model. The Hospice Benefit Component aims to enable a seamless care continuum to improve quality and timely access to palliative and hospice care in a way that places beneficiaries' preferences and needs at the center of the care experience. This slide displays key design elements of the Hospice Benefit Component. [00:02:54]

I encourage you to review the 2024 Request for Application for the Hospice Benefit Component for additional details. To review, highlights include a requirement to maintain the full scope of the current Medicare Hospice Benefit in Medicare Advantage, a focus on improved access to palliative care, enabling transitional concurrent care for enrollees who have elected hospice with an in-network hospice provider, introducing the ability to target supplemental benefits to enrollees with a hospice election, promoting care transparency and quality, maintaining broad choice, and utilizing a budget-neutral payment approach to facilitate participation in the model. [00:03:42]

Here are the key policies and requirements for calendar year 2024 that all stakeholders should be aware of; continuing in 2024 as in previous years, participating Medicare Advantage organizations must cover all hospice elections regardless of network status, are prohibited from applying Prior Authorization to hospice election or related care, must pay out-of-network hospice providers at the Original Medicare rate, including physician services and SIA payments, and pay for any medically-necessary unrelated services, and/or post- live discharge costs. [00:04:23]

In alignment with CMMI's broader goal of providing transparency into our models, we have publicly released the [2024 Minimum Number Provider](#), MNP, data book. This data relates to the model phase two network adequacy requirements for MAOs with at least one year of experience in the model component. It is important to note that this data book is 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. The displayed link is live, and you may use it to access this information now. [00:05:16]

A recent exciting announcement is the list of [2024 VBID Hospice Benefit Component participants](#). Next slide. For calendar year 2024, there will be 13 MAOs participating in the VBID Hospice Benefit Component, with a total of 78 plan benefit packages, PBPs. These PBPs cover 690 counties across 19 states and Puerto Rico. For reference, in the 2023 calendar year, there are 15 participating MAOs with 119 PBPs covering 806 counties across 23 states and Puerto Rico. [00:05:59]

Here listed are the calendar year 2024 participating MAOs and the states in which they are operating participating plans. Starting in 2024, are First Sacramento and Sentara Health. Returning MAOs are Cambia Health Solutions, CVS Health Corporation, Guidewell Mutual Holding Corporation, Hawaii Medical Services Association, Highmark Health, Humana, Kaiser Foundation Health Plan, Louisiana Health Services & Indemnity Company, Marquis Companies,

SCAN Group, and Visiting Nurse Service of New York. We are excited to have these returning participants, and look forward to the innovation that is made possible with their continued partnership. And with that, I'll turn it over to Adney to speak about contacting participating MAOs. [00:06:55]

**Adney Rakotoniaina:**

Thanks, Anna. If an interested party has a question for the participating MAOs, whether that be about claims and notification submissions, processing, clinical questions, and/or network participation, we strongly encourage you to first reach out directly to the participating MAO. We have made available and routinely update on the [VBID Model website](#) the contact information for the MAOs. The links are on this slide for your reference. Of note, the VBID website also offers a [downloadable spreadsheet](#) with details such as participation at the PBP level, showing the specific counties in which VBID plan operate, and can be used to determine coverage. [00:07:35]

Next, we'll review the billing and claims processes under the Hospice Benefit Component. The first step in billing and claims processing under the model component is to check if your patient is part of a participating plan. To do this, please visit our [website](#) and reference the spreadsheet I previously mentioned. Next, you'll need to compare if your patient elected hospice while they were enrolled in a plan that was participating in the model component at the time of the patient's election. As mentioned on slide 11, there is a plethora of continuously updated information that is useful for both MAOs and hospice providers on our site. [00:08:16]

We would like to emphasize that hospice providers must send all notices and claims to both the participating MAO and their MAC on a timely basis. Regardless of your network status with an MAO, you must still submit these notices and claims to the MAC as you do outside of the model. If you're contracted with an MAO, we recommend that you reach out to the MAO to ensure understanding of billing and claims processes, specific to that MAO, and confirm if there are any updates leading into 2024. [00:08:49]

Of note, if a covered patient is receiving care outside of their plan service area, their plan must still be billed. As an example, a patient with coverage from a participating plan whose service area is in Colorado travels and receives hospice care from a hospice provider in Florida. The patient remains enrolled in their Colorado plan. As a result, the hospice provider should submit all notices and claims to the plan in Colorado as well as to the MAC responsible for processing the claim. [00:09:23]

Now I'll hand it over to Julia, the Evaluation Lead for the VBID Model, including the Hospice Benefit Component, to present findings on the 2020-2022 Evaluation Report. [00:09:36]

**Julia Driessen:**

Thanks Adney. So as with the other models at CMMI, the VBID and VBID Hospice Benefit Component are specifically evaluated by an independent contractor. In this case, RAND is the evaluator for VBID, and they do a separate evaluation of VBID Hospice, from the other components in the VBID Model. The most recent evaluation report was posted on the VBID website approximately a month ago, along with a two-page at-a-glance summary of the findings.

This is the second report of VBID Hospice, following up on last fall's initial report of the first year of implementation of VBID Hospice. So, as you can see here, this analysis is mixed methods that uses data from a variety of sources and captures the perspectives of the Model from a variety of stakeholders. [00:10:32]

So, a couple of things to keep in mind, now that we have this second datapoint represented by this second evaluation report, is thinking about how the model is evolving over time. And thinking about what's similar and what's different across the different participants in VBID Hospice. So, as part of the evaluation report, RAND engaged with a variety of stakeholders that you'll see here. POs or Plan Sponsors, Medicare Advantage Organizations, submitting PBPs into the model. RAND also spoke with hospices, and new this year relative to last year, and conducted interviews with 33 beneficiaries who received palliative care as part of the VBID Hospice model. [00:11:20]

The interviews with these three entities (plans, hospices, beneficiaries) covered a range of topics for POs and for hospices. It largely focused on the reasons for either implementing the model in the case of POs, or the decision about whether or not to join a network in the case of hospices. And then for both, they focused on the experience of the model, possibly contracting, and thinking about sort of potential impacts of the model from their perspective. For beneficiaries, again, we were focused on those who had received palliative care as part of VBID Hospice. So the interview dug into their experience, thinking about how it fell into their broader care pattern, and discussions around how hospice may have come up as part of their palliative care experience. [00:12:03]

Thinking about sort of the more descriptive side of the results reported in the most recent evaluation findings, participation in the model grew from 2021 to 2022, both in terms of the overall sort of parent organizations entering the model, as well as the number of plans that they submitted. And as you can see in 2022, approximately or just over half of plans in the model were new as of 2022. [00:12:34]

In terms of thinking about the implementation experience, one of the things that is, I think, sort of comes across as a theme in this report, is the significant variation in terms of how POs approached implementing the various components of the model. So you can see this, for example, in terms of the identification approaches that POs reported taking in terms of identifying eligible beneficiaries for VBID Hospices services, with some POs opting for sort of a more kind of quantitative data-driven approach, using claims-based algorithms to identify potentially eligible beneficiaries, and those operating through a more conversational person-to-person approach, as their primary method, using either sort of referrals in conversations with care managers and clinicians, and also making use of the optional pre-hospice consult as part of the model. [00:13:28]

Another angle of variation in terms of implementation that's highlighted in the report are the different approaches that POs took on how they stood up the transitional concurrent care (TCC) component of the VBID Hospice model. And the evaluation report sort of primarily summarizes this variation along two facets. First, the types of benefits that were included in TCC as part of the model with the majority of POs offering sort of PCC benefits and specific services

determined on a case-by-case basis, and other POs choosing sort of a standard across-the-board benefits that they would cover, such as dialysis. The second sort of way in which RAND characterized the offerings of TCC under the model were in terms of how POs approach duration, with most POs in the model limiting TCC benefits to 30 days, and others not offering sort of a pre-set time limit on TCC. [00:14:26]

This variation also extended to networks. And again, very similar to what RAND reported on last year in terms of how POs approached construction of networks as part of VBID Hospice. There was significant variation along lines of the number of hospices that POs opted to include in network, with some focusing on a few hospices to pursue in-network arrangements with, and others sort of contracting more broadly, in some cases pursuing contracts with all of the hospices in their service area. Network sort of setup also varied in terms of payment rates, with some POs opting to offer sort of the full fee-for-service payment rates for in-network hospice care, and others offering lower rates with the assumption that more referrals or additional upstream services would offset. [00:15:18]

One area of sort of a fair amount of convergence, but again, this year with an interesting sort of time component, is the notion of what POs found challenging about the model, and how their experiences played out this year. As you can see on this chart, the categories of challenges are listed on the left, and the answers from the participating POs are broken out as to whether they are continuing their participation on from 2021, or if they're new to the model in 2022. And so for the most part, the most commonly sort of identified challenge that POs faced associated with a model, were due to administrative processes, things like processing claims and submitting administrative data as part of model participation. So that was very similar between new and continuing POs. But along the sort of other dimensions of potential challenges, you can see the divergence between new and continuing, which RAND sort of identified as significant, in terms of indicating a potential learning curve associated with implementing the model. [00:16:19]

On the hospice side, as part of the interviews that RAND conducted with both in and out-of-network hospices, providing care under the VBID Hospice component, the primary reason hospices chose to join networks was related to long-term business viability, as well as an interest in increasing the care options they provide to their beneficiaries at the end of life, particularly through offering services like transitional concurrent care. And then in some cases, they were interested in strengthening relationships that they already had with participating POs, either through ownership arrangements, or in some cases, being contracted to provide care outside of Medicare hospice services. [00:17:01]

And another area of similarity in terms of lining things up, is that hospice has shared what POs identified as challenges associated with the model, but also with a similar kind of learning curve angle that came through when comparing new hospices to providing care under the model, versus returning hospices. So in many cases, the challenges were similar to what we heard last year relating to again, administrative processes such as claims submission, and identifying eligibility for TCC and hospice supplemental benefits. The issue of in-network rates came up as a potential concern. But again, we saw that challenges were different or diminished for hospices that were in their second year of providing care, as under the model. [00:17:49]

If we shift from sort of implementation choices and experiences to thinking a little bit about utilization, utilization of VBID Hospice services remain lower than many of the POs expected when they initially entered the model. We can see a sort of figure that was similar to last year. The numbers here for both across-the-board with palliative, TCC, and hospice enrollment are approximately double what they were last year, so in part reflecting that there again is growth in participation in the model. [00:18:23]

But again with substantial variation, when you look under the hood and think about it on a PO-by-PO basis. So that starts with palliative care, where you can again see the significant range across the number of beneficiaries receiving palliative care under the model by a parent organization, as well as variation in the duration of palliative care that they received, as well for TCC, significant range both in the number of beneficiaries who receive transitional concurrent care, and the length of time under which they receive those services. [00:18:58]

Turning a moment to again sort of a new component of the evaluation this year, namely the interviews with beneficiaries who received palliative care under the model, sort of two main themes emerged from the 33 interviews that RAND did with beneficiaries and/or their caregivers who received palliative care as part of VBID Hospice. First was occasionally a lack of familiarity with palliative care. So approximately 40 percent of beneficiaries who received palliative care and were interviewed by RAND could identify both what palliative care was in definition, and the types of services that would comprise palliative care. [00:19:36]

So the majority of beneficiaries sort of struggled with one or both of those elements, indicating a potential opportunity for beneficiary education. But then, moving beyond kind of the awareness piece, when asked about their experiences with palliative care, they were consistently positive ones, in particular highlighting the value of the pain and symptom management, and the support along psychosocial and spiritual dimensions. [00:20:05]

In terms of unpacking the hospice utilization a little bit more and thinking about kind of the network piece, in 2022, 1,168 hospices provided care to at least one VBID Hospice enrollee. 260 of those were in network, and 908 were out-of-network. And in terms of thinking about sort of the year-over-year comparison in the model, this year approximately 48 percent of enrollees who elected hospice under the model received care of an in-network hospice. Last year that number was approximately 37 percent, so we are seeing an increase in the number receiving care in network. But again, we have considerable variation, which is not surprising, because we mentioned the difference in network size by PO. So POs varied in the proportion of enrollees receiving in-network care, from 9 to 98 percent. So there's a lot of variation in how that played out on the ground. [00:21:02]

In terms of thinking about it from the hospice perspective, the median in-network hospice in 2022 saw 16 VBID Hospice enrollees. For out-of-network hospice, that number was two, so much smaller. And in terms of the characteristics of in versus out-of-network hospices, in-network hospices were larger and much more likely to be part of a chain than their out-of-network counterparts. [00:21:28]

If we move along to some of the impact work that is, we've done in the most recent evaluation reports, at this point few associations were identified between plans that offered the hospice component and the beneficiary level hospice outcomes as of 2021. The one piece where we were seeing a signal in the most recent evaluation report was an association between the offering of the VBID Hospice component, and the summary CAHPS Hospice Survey score. So indicating sort of a slightly more positive experience as reported in CAHPS for enrollees who saw care associated with a plan that was enrolled with VBID Hospice. But there was no impact at this point on utilization outcomes such as election and length of stay. [00:22:18]

And on the cost side of things, there are also indications of an impact of VBID Hospice. And VBID Hospice was associated with decreases in plan bids in both 2021 and 2022, as well as a decrease in premiums in 2021. [00:22:39]

And to sum up the main findings of the most recent reports, published a month ago and covering 2021 and 2022, the sort of report underscores the notable departure in how the hospice benefit is delivered under the model to Medicare Advantage enrollees, and that participation is growing, but there continued to be somewhat low uptake of some of the component services. And again, we saw signs on both the plan and the hospice side of things in terms of a learning curve as both entities become sort of more familiar with providing care under the model. [00:23:15]

We again saw an increase in the proportion of beneficiaries receiving care for an in-network hospice from 2021 to 2022, but at this point, no changes in actual sort of hospice utilization. Although we did see a sort of small- to medium increase in a summary measure of hospice care experience associated with VBID Hospice. And then finally, there's early signals of a reduction of bids and premiums associated with the model. And with that, I think I'll hand things over to Tzvetomir. [00:23:50]

### **Tzvetomir Gradevski:**

Thank you, Julia. We know you've viewed a lot of content in today's presentation, but before we open up for questions, we want to make sure that you all have access to key resources and are able to contact us directly if any questions arise after today's webinar. [00:24:12]

So on this slide, we list a number of key resources found throughout different parts of the VBID Model website. First, we'd like to emphasize that any stakeholders or interested parties can reach the VBID Model team with questions, comments, or concerns about the Hospice Benefit Component at our VBID mailbox, which is [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov). Additionally, for more resources and technical information, we would direct you to the [general VBID Model website](#), which you see here on this slide. As Adney and Anna have referenced earlier, we also make available the contact information for the participating MAOs, and we have provided that link in the third bullet point on this slide. We also mentioned earlier a downloadable spreadsheet that contains the list of all the participating plan benefit packages or PPBs in calendar year 2024, and that is available on the VBID Model website, and on the slide here on the fourth bullet point. [00:25:12]

I'd like to emphasize the last two bullet points here, which are our [technical and operational guidance](#), and the technical and operational guidance [supplement](#). The first document, the

primary guidance provides a number of key pieces on how all the participating MAOs can operationalize the Model, and provides further detail on whether an MAO is financially responsible for a patient's hospice care, or other care provided during a hospice election. [00:25:47]

We've also received a number of stakeholder questions since this guidance document was originally published in 2021, which is why we have released a supplement here on the very last bullet point to help answer these questions. The supplement responds to questions about, and scenarios about when an MAO is financially responsible for care provided during a hospice election. We've also provided more information on CMS expectations for MAOs' administrative systems to help operationalize the Hospice Benefit Component. [00:26:23]

So with that, we are now going to move on to the question-and-answer portion of our event. On this slide, you'll see the directions on how to submit questions using the Q&A feature in WebEx. I've also posted some of those questions in the chat as well. So we would highly encourage you to use this function as we will be taking questions and answering them live during this webinar.

If we do not get to your question, we highly encourage you to email the VBID Model at [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov), and we hope to assist you offline. And I believe we've already received this question, but just to address this, the slides from this presentation, the recording of this presentation and Q&A, along with the transcript will be available on the VBID Model website in the coming weeks. So with that, I will pause momentarily to allow some more questions to filter in through the chat or the Q&A feature. [00:27:27]

**Anna Rosenblatt:**

We have gone ahead and put some of these references in the chat as well, so that you can click the links. And as we have these questions coming in, I'll start with one question that was already been submitted. So the question we were asked is, why do hospice providers need to submit NOEs and claims to both the MAC and the MAO? Under the VBID Hospice Benefit Component, the MAO participants become financially responsible for all care provided during a hospice election, including hospice, transitional concurrent care, and any other unrelated care. In order for CMS to monitor the utilization of hospice care under the Model and collect this important data, the MACs must have full information for the hospice care for all beneficiaries. Thus, the MACs collect this information for informational purposes, while the MAOs are collecting the same information in order to fulfill payment. [00:28:31]

**Tzvetomir Gradevski:**

Thank you, Anna. I see another question in the chat, and that is billing palliative care is Part B, hospice is Part A. Am I understanding this correctly? There is also VBID for palliative care/part B. So one thing to clarify, and Anna briefly touched on this is one of the key design elements for the VBID Hospice Benefit Component is that all of the MAOs participating in the Hospice Benefit Component are required to make available out of network care for all enrollees who have a serious illness. And so, we have set very broad criterion standards for how MAOs can design their palliative care programs. But generally speaking, yes, palliative care is made available through the VBID Model through the participating MAOs. [00:29:24]



I see another question has come in. If a parent organization is participating, are all of its plans or PBPs nationally participating as well? Adney, can I pass that to you?

**Adney Rakotoniaina:**

So sorry, Tzvetomir. Would you mind repeating that one more time for me, please?

**Tzvetomir Gradevski:**

Of course. If a national parent organization is in the model, are all of its plans also participating in the model? [00:29:55]

**Adney Rakotoniaina:**

Thank you for sending that. So, just because an MAO or 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. And like we said before, you can visit our website, and there's a participating plan spreadsheet there, and you can see exactly which plans are participating. [00:30:23]

**Tzvetomir Gradevski:**

I see another question. Is every MA organization required to provide hospice services to a member, or is there a different application for it? So to clarify, the Hospice Benefit Component is a voluntary model for MAOs, so not every MAO is required to participate in the Hospice Benefit Component. And as Adney just mentioned, not every plan that's part of an MAO will be in the Hospice Benefit Component. So if an MAO has, for example, a hundred plan benefit packages that have offers across the country, only a subset of those, maybe 10 or 20 for example, might actually be in the Hospice Benefit Component. And so we would once again highly encourage you to review the [downloadable spreadsheet](#) available on the [VBID Model website](#) to find the specific listing of which plan benefit packages offered by which organizations are in the Hospice Benefit Component. [00:31:21]

And the second part of the question is, is there different application for it? And yes, there is a specific application, and a set of specific application questions for MAOs to respond to as part of being in the VBID Model. [00:31:42]

**Anna Rosenblatt:**

I can answer a question I see in the chat, which is how do hospice providers participate in the model? So of note, for the VBID Model, participants are Medicare Advantage Organizations. If a hospice provider is interested in contracting with a participating MAO, we advise you to reach out directly to that participating MAO and discuss the potential of providing care through the model. This can be hospice care and concurrent care, and/or palliative care. So thank you for that question. [00:32:20]

**Tzvetomir Gradevski:**

I see another question in the chat. How will hospices know if MAOs are participating? Does it go by the plan number? Adney, would you like to take that question? [00:32:31]

**Adney Rakotoniaina:**

Again, you can look at the [spreadsheet](#) that we reference online. The plan number, the full contract ID, and the participating plan number are listed. So, and like Anna said, please note that the participants in the models are MAOs and not providers, that answers the question. [00:32:56]

**Tzvetomir Gradevski:**

Question, is this model set up for fee-for-service payment to hospices only, and not a per-member, per-month, or PMPM? So in terms of how hospices are reimbursed under the Hospice Benefit Component, let's say a patient goes out to receive hospice care from a hospice provider. The method of reimbursement depends on whether that health provider is considered in-network or out-of-network with a participating MAO under the Model. If a hospice provider is in-network, then the way that they are reimbursed by the participating MAO goes by the contract they have established with the MAO. [00:33:38]

And so, we would encourage you to reference the terms of that contract, and to fully understand them, in terms of how a health provider might receive reimbursement for hospice services. If the provider is out-of-network with a participating MAO, the form of reimbursement and the level of reimbursement is required to be equal to that of original Medicare. So the rates are equal to what the hospice provider would normally receive through Original Medicare, and follow the same billing requirements as well. [00:34:15]

And I see a few questions in the chat that are related to some of the takeaways from the VBIID evaluation report. Julia, could I ask you to address some of those? [00:34:27]

**Julia Driessen:**

Indeed, so starting from the bottom and working my way up. In terms of a question about whether the evaluation reports provide information about the rate discount below fee-for-serve for in-network, there is some information on the range of what that looked like that was self-reported by some of the hospices that RAND spoke to. So you will find that in the report.

There was another question about the extent to which live discharge is addressed. So live discharge is an outcome that RAND examined as part of the sort of hospice utilization suite when looking at the impact of the model. So that was again one of those where we're not seeing any sign of impact at this point in time. [00:35:12]

**Tzvetomir Gradevski:**

Thank you, Julia. Next question I see is a question about the structure of our network adequacy policies, and the current requirement to pay out-of-network hospices at a hundred percent of fee-for-service rates. So to clarify, it is in current regulation that any time an MAO does not have a contractual agreement with a provider and thus the provider's out-of-network, the out-of-network provider is required to accept 100 percent of Medicare fee-for-service. So this requirement under the model mirrors what is in MA regulation. What is novel to the model though is to allow any enrollee to access hospice through any hospice provider, and for the MAO to cover that entirely based on potential cost sharing, but at cost sharing no greater than Original Medicare rates. [00:36:11]

One thing we would like to flag, and this has been part of our extension announcement to announce that the VBID Model has been extended through 2030, is that we have announced that starting in 2026, MAOs will begin to have more flexibility to require enrollees to access hospice care through in-network hospice providers, if that aligns with their plan type, such as a health maintenance organization, or an HMO. And so, that's one area that we would highlight as a future policy, which is to give MAOs more flexibility to require enrollees to utilize in-network hospice providers. [00:36:58]

**Anna Rosenblatt:**

I see a question in the chat. If payment for out-of-network is 100 percent of Medicare, what is the benefit to participate as an in-network provider? There are flexibilities to being an in-network provider, and I think mainly the one that we discussed the most is the ability to provide transitional concurrent care along with hospice care, which is not permitted outside of an in-network arrangement in our model. [00:37:28]

**Tzvetomir Gradevski:**

Some of those areas we would highlight is that transitional concurrent care is only available through in-network hospice providers. And this is an area that we did not go into specific detail on. But through the model, we permit the participating MAOs to target supplemental benefits on the basis of a hospice selection, and in certain cases when approved by CMS, those hospice supplemental benefits can only be made available when an enrollee elects hospice through an in-network health provider. And the main reason for this is there is some administrative, or operational requirements that require coordination with an in-network hospice provider. [00:38:19]

**Adney Rakotoniaina:**

Another question in the chat. If a plan is new to participation, are there any other resources or guidance (outside of what is available at <https://www.cms.gov/priorities/innovation/innovation-models/vbid/vbid-hospice-benefit-outreach-education>) that can be utilized to help ensure proper claim reimbursement? So on the [outreach and education](#) page on our website, there's a range of – tools; we have FAQs, manuals, webinars, and trainings all linked there from prior years of the model that we think are helpful. And in addition to that, the [participating plan](#) webpage all the plan contacts for each of the MAOs. We encourage you to reach out specifically to the contacts there for the VBID program at each of those MAOs. You may also reach out to our mailbox, email address, [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov), and we may be able to help facilitate assistance as well if there are any issues. And then there are measures within the link on the outreach education page that might be of reference for you. But I'll turn it over to other members of the team, anything to add. [00:40:06]

**Tzvetomir Gradevski:**

I see a couple of questions regarding the evaluation report. One, did the RAND evaluation report provide information on level of discount that MAOs and hospice providers may have negotiated? And then, is there a list of health providers that RAND spoke with? Julia, could I pass those both to you? [00:40:29]

**Julia Driessen:**

Sure thing. So the in-network rates determination is something that RAND covered in the report, and that in some cases, hospices have offered as part of their interviews. And so the range on that I think is addressed in the evaluation report that's posted online. The interviews are conducted anonymously, so we don't have a list of the actual providers RAND spoke with as part of their evaluation process. [00:41:04]

**Tzvetomir Gradevski:**

I see one other evaluation question: what are the biggest takeaways from hospice involvement in VBID thus far? So if -- to what extent did the evaluation report speak to that, Julia? [00:41:18]

**Julia Driessen:**

Yes, so I'd say the main takeaway at this point is we're seeing sort of, as I mentioned, participation is growing overall, but also seeing that the utilization of the component services remains somewhat low, as it was in 2021. But then with the combination of that early sign of a kind of a learning curve on both the plan and hospice side of the house, I think that remains then something we're continuing to keep an eye on to see how that translates moving forward, as well as that initial indication of a association with an improvement in CAHPS experience. [00:41:55]

**Tzvetomir Gradevski:**

Thank you, Julia. [00:42:18]

**Anna Rosenblatt:**

I don't know if we've answered this one yet, but I see, is there a prior authorization process for hospice care? Under the model, participating MA plans cannot require prior authorization or utilization management review on hospice care, except with respect to pre-payment or post-payment review. If Medicare Part A would normally cover the hospice care, a participating MA plan cannot refuse to provide coverage, and may not review care to determine if it's covered. In situations where participating MA plans notice a pattern that risks patient harm or is a program integrity risk, the plan may conduct pre-payment or post-payment review. Pre-payment or post-payment review is not the same as prior authorization. Participating MA plans should conduct this review across a number of claims and not at the individual patient level. [00:43:24]

**Tzvetomir Gradevski:**

I see another question. When a non-participating provider provides services to patients enrolled with a participating plan, are they expected to submit the claim directly to Medicare, or the MA plan? So to clarify, regardless of your network status, all hospices who provide hospice care to a patient who has coverage through a VBID Hospice plan must submit claims to both their MAC and the MAO. The submission to the MAC is only for informational purposes, and for CMS to be able to monitor hospice utilization more timely during the course of the Model. The participating MAO will be financially responsible to provide reimbursement for the care provided by the hospice. So once again, that is across the board regardless of network status, whether you are participating or non-participating. [00:44:44]

I see one question in the chat. We have found that the plans are requiring prior authorization regardless of what you outlined. How should we address this with CMS? So in this case we would strongly encourage you to reach out to the VBID mailbox, [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov), and we

would certainly like to hear more information from you about these instances where you may be required or asked to provide prior authorization for hospice care specifically. It's certainly not in line with the requirements of the Model, and we would want to know more about what went into this and if we can help resolve this. [00:45:31]

And I see one other, Is there any data on participation broken down by MAO? So I think from the Model perspective, we do provide, like we mentioned earlier, a downloadable spreadsheet that is broken down by MAO to list out each PBP offered by each MAO that is in the model component. And just in case this question has a perspective related to model evaluation, Julia, are the evaluation results broken down by MAO? [00:46:12]

**Julia Driessen:**

So there are specific descriptives that are broken down by MAO in the report. But they are deidentified, but you can get a sense for sort of that variation that I was speaking to earlier. [00:46:47]

**Tzvetomir Gradevski:**

We'll give more time to see if any other questions roll in. [00:47:17]

**Anna Rosenblatt:**

And if we don't have a chance to answer your question today, again, we encourage you to email us, we'll put it in the chat again, our VBID email address. We work really hard to make sure that we get responses to all MAOs and hospices who email us. So if there are any outstanding questions from today, or after reviewing the slides if you have additional questions, we are more than happy to answer those via email. [00:47:46]

**Tzvetomir Gradevski:**

I think we'll answer this last question and wrap our session. How are outcome measures determined in a VBID Model arrangement? So I am not sure if this question is getting at potentially contracting with a participating MAO, and any potential outcome measures that might be folded into a contract arrangement. So we would direct you to work with one of the participating MAOs directly. And as part of the contract negotiation process, decide on which outcome measures your hospice may or may not be evaluated on for purposes of the contract and/or payment. Julia, could you, in case this question has an evaluation lens to it, could you speak to some of the measures that the evaluation team is looking at for the VBID Hospice Benefit Component? [00:48:40]

**Julia Driessen:**

Sure thing. So again, we have the sort of experience measure derived from the hospice CAHPS. In terms of utilization, these are largely derived from hospice claims, and take kind of the usual flavor of thinking about things like enrollments, length of stay, live discharge, and those kinds of things. [00:49:03]

**Tzvetomir Gradevski:**

I would also encourage anyone interested in more information about the specific measures that we monitor for to visit the [VBID Model website](#). We do make available our monitoring strategy

and guidelines publicly on the website. And we recently published the [2024 version](#), so we would highly encourage you to review the measures specifically listed there. I think that brings us to the end of our Q&A session, and I will pass things over to Anna to wrap us up. [00:49:36]

**Anna Rosenblatt:**

Thank you for joining us today. We know that you are all working hard in this field, and we're very grateful to have your partnership and continued support. And as I mentioned, we answered as many questions as we can today, and we want to keep you all in the loop of what we're doing as part of the VBID Model. So if your question was not answered today, or you have a new question that comes up as you think about today's webinar, please don't hesitate to reach out to us, [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov). We're excited to hear from you and we want to make sure that this is a Model works for everyone. And with that, thank you very much for joining us, and I think we'll sign off from here.