

## Value-Based Insurance Design (VBID) Model Hospice Benefit Component Operational Guidelines for Hospice Providers\*

\*To be considered a VNSNY CHOICE participating hospice provider, a provider must have an executed contract with VNSNY CHOICE and undergo required credentialing. A non-participating hospice provider may become a participating provider at any point during a calendar year.

### Purpose

This document serves to provide guidance to Hospice providers serving VNSNY CHOICE members in the Hospice VBID model. The intent of the Hospice Value-Based Insurance Design (VBID) Model Demonstration is to:

- Provide the full scope of and ensure timely access to the Medicare hospice benefit
- Improve hospice utilization patterns and reduce costs of care related and unrelated to the terminal condition
- Enable seamless coordination of care, reduce duplication, and enhance quality of care
- Maintain broad choice and improve access to hospice care
- Ease care transitions and ensure that hospice-eligible members do not need to choose between curative or hospice care when considering hospice election
- Enable members, their families and caregivers to experience the benefits of hospice care over a more appropriate period of time as aligned with their wishes and the member's needs
- Promote care transparency and quality through actionable, meaningful measures
- Reduce avoidable medical spend during final months of life, driven by expanded access to palliative care and earlier election of Hospice

#### *CMMI Hospice VBID Broad policy goals*

### Improve Quality and Access

- By **increasing appropriate and timely access to care**, aiming to promote **better coordination** for beneficiaries who choose MA and elect the Medicare Hospice Benefit

### Enable Innovation

- By fostering partnerships between MA organizations and hospice providers that aim to improve beneficiary experience through a more **seamless and integrated continuum of care**

*Disclaimer: VNSNY CHOICE is participating in the CMMI VBID Hospice Carve-in Demonstration*

*\*The demonstration is scheduled to run from Jan 1, 2021 through Dec 2024*

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## Palliative Care

A requirement of the Hospice VBID Demonstration Model is to ensure that all members on a participating plan have access to palliative care. VNSNY developed a nurse practitioner-led community and home-based palliative care program to manage and support acute, complex, vulnerable members. Unlike the Medicare hospice benefit, palliative care does not have a prognosis restriction and may be provided alongside curative treatment at any stage of a serious illness.

Our palliative care program centers on a member support structure that activates an interdisciplinary care team to provide home-based and telephonic support for members with advancing illness who are approaching end-of-life. The VNSNY Palliative Care Manager will take the lead in coordinating care, collaborating closely with interdisciplinary team members, as well as the member/family, the member's PCP and any specialists involved in their care, to ensure a member-driven approach and informed decision-making regarding treatment and care options, including hospice.

### *Palliative Model of Care*

Our model addresses gaps in care as well as the following impacts on end-of-life care:

- Increase comfort, reduce pain
- Reduce avoidable admissions and readmissions
- Trust in knowing care is being carefully coordinated
- Advance care planning discussions that offer peace of mind
- Improved quality of life
- Member and caregiver satisfaction
- Safety in the environment

### *Palliative Care Services*

- Multidisciplinary team providing in-home support (NP, RN, Social Worker, Spiritual Counselor, Health and Wellness Coaches, and Transitional Care Associates)
- Management of relief of symptoms, pain, and stress
- 24/7 access and IDT support
- Emotional and spiritual support
- Collaboration with patient's treatment team (e.g., PCP, specialists)
- Linkages to community-based organizations/resources
- Curative treatment included for chronic illnesses

### *Top Clinical Interventions during Palliative Care*

- Comprehensive in-home care assessment by a Nurse Practitioner
- Care planning and goals of care discussions
- Facilitate conversations surrounding treatment choices and completion of advance care planning documentation
- Minimum monthly CM coordination and outreach to patients (or more depending on needs)
- Coordination with Primary Care Physicians and specialists
- Pain and symptom management
- Medication reconciliation
- Evaluation of additional in-home Nurse Practitioner visits for members with acute changes

#### Hospice Orders

- Write orders for patients to enter hospice
- Coordinate hospice orders with PCP and/or specialists
- Communicate hospice provider options
- Facilitate hospice transitions per the members' wishes

#### Expected Outcomes of Palliative Care

- Significantly reduce risk of hospitalization
- Enhance patient and caregiver satisfaction
- Address Advance Care Planning

### Palliative Care Frequently asked questions

Palliative Care services are provided at no extra cost to eligible VNSNY CHOICE members with advanced illnesses. Service is available in the following location/counties: Manhattan, Brooklyn, Queens, Bronx, Westchester, Staten Island, Suffolk, Nassau

- **Who is offered palliative care?**
  - Members within a VBID plan that are identified by a claims-based algorithm OR referred by a provider or care manager, OR self-referred, who have an advanced illness that deems them to need additional in-home support. The following criteria is used to help determine appropriateness for palliative care:
    - Multiple co-morbidities
    - Need for pain and/or symptom management related to chronic/ life limiting condition
    - Psycho-social and/or spiritual distress of both member and caregivers related to chronic/life limiting condition
    - Need for Advance Care Planning (including Advance Directives) and clarification of health care goals for member and caregivers
    - Members with end stage illness who have refused the Hospice benefit despite eligibility
    - Multiple hospital admissions or ER visits over the past year
- **If a patient is not ready for Hospice care, can they enroll with Palliative care upstream?**
  - A referral can be made to the Palliative Care program pending clinical review for appropriateness. Palliative Care can assist the member and caregiver in understanding their clinical trajectory and illness as they consider electing hospice.
  - Physicians can send referral and patient's demographic information via email to [VNSNYpalliativecare@vnsny.org](mailto:VNSNYpalliativecare@vnsny.org)

#### Information required for referral:

- Patient's name and date of birth
- Patient's CHOICE ID number (if available)
- Patient's address and phone number
- PCP's name
- Diagnosis
- Referring physician's name and phone number

- **How will hospice agencies expect to hear from the VNSNY Palliative Care provider?**
  - If a member receiving palliative care is ready to transition to hospice, a member of the care team will reach out to the local hospice provider selected by the member to initiate the transition. The palliative team will communicate to the hospice provider if the member is a VBID participant.
- **Will hospice agencies know if palliative care was provided to the VBID members prior to transitioning to hospice?**
  - Members transitioning from palliative care to hospice will be identified as a VBID member, as applicable. However, there may be scenarios where the member received palliative care earlier in their care journey but are not transitioning directly from an active palliative care program enrollment and therefore palliative care experience would be unknown to the hospice provider at the time of hospice transition.
- **Will palliative care educate patients on Transitional Concurrent Care?**
  - Palliative Care facilitates advance care planning discussions on a minimum monthly basis, or more often depending on the needs of the member, and as part of education on the hospice benefit. The palliative provider will inform the member and caregiver of transitional concurrent care and will ensure the member and caregiver is aware of both in-network and out-of-network hospice provider options.

### Pre-hospice Consultation

A pre-hospice consultation is an optional outreach to the patient and family/caregiver with the purpose of explaining the hospice benefit and coverage options under the Hospice VBID demonstration. This process recommendation is outlined by CMMI in the RFA and Technical and Operational Guidelines Documents for Hospice VBID Component and can be found at [innovation.cms.gov/innovation-models/vbid](https://innovation.cms.gov/innovation-models/vbid)

For purposes of this demonstration, VNSNY CHOICE will leverage our existing palliative care provider and processes to ensure that members on palliative care service receive a pre-hospice consultation as part of their facilitated advance care planning discussions.

Additionally, our Advanced Illness Management Program (AIM) uses proprietary algorithms to proactively identify patients with a high risk for mortality but not yet on hospice care. Upon designation of hospice eligibility, these pre-hospice consultations serve the purpose of raising awareness of provider options as members make important decisions.

### Member eligibility verification

If the patient is a VNSNY CHOICE MAP Total member on or after Jan 1, 2021, or if the patient is a D-NSP or MA-PD member on or after Jan 1, 2022, identify the MA contract number and plan benefit package identification information on the MA enrollment card.

Hospice providers can confirm a member's eligibility with VNSNY CHOICE health plan by calling 212-609-1900 or through Availity if registered.

## Benefit eligibility

Hospice providers should conduct regular and ongoing benefit coverage checks or awareness of member's benefit plan. If a member has a plan change while enrolled in hospice, VNSNY CHOICE will continue providing payment for all services including both hospice and non-hospice care until the enrollee's coverage with the plan ends.

## Provider Notification Process

Providers must submit copies of the Notice of Election (NOE), TCC addendum and NOTR to VNSNY CHOICE, consistent with requirements in the VBID Model Hospice Component Technical and Operational Guidelines supplied by CMS. Below is an overview of the process for submission.

- Hospice providers must notify VNSNY CHOICE of member's hospice election (NOE), including TCC addendum if applicable, by emailing a copy of the documentation to [VNSNYHospiceNotices@vnsny.org](mailto:VNSNYHospiceNotices@vnsny.org)
- Hospice providers must also submit a copy of the NOTR to VNSNY CHOICE at [VNSNYHospiceNotices@vnsny.org](mailto:VNSNYHospiceNotices@vnsny.org) to notify of the discharge date and disposition, which include any of the following:
  - Member revokes
  - Member chooses to transfer to another hospice
  - Member does not meet recertification criteria
  - Member is discharged due to cause
  - Member passes away
- Additional guidance on submission of NOE and/or NOTR
  - Hospice providers must email the documents using the same naming convention on the subject line such as 'Hospice NOE' or 'Hospice NOTR' with member name or member ID. This will allow for timely processing of the document.

## Transitional Concurrent Care – Hospice VBID Model Requirement

Transitional Concurrent Care (TCC) are services that help provide a transition to hospice care and include a phasing out of specific curative treatment over time. TCC requires authorization and is available for up to one month for patients who elect hospice with an in-network hospice provider. Transitional Concurrent Care discussions may occur once the hospice referral is made. If the member is enrolled in palliative care prior to transition to hospice, the palliative care provider will be the coordinator and support the member and family/caregiver in understanding when transitional concurrent care may be appropriate and beneficial to a member's entry to hospice. The hospice provider will coordinate with the referring physician and other members of the existing care team to define a plan for the tapering of care and services.

The following services will be made available on a transitional basis for up to one month after the member enters Hospice, as agreed upon and identified in the member's care team and the in-network hospice provider:

CCS Code 2016/17 CCS=Clinical Classifications Software	Recommended coverage for each condition
<b>Cancer</b>	Radiation for pain/palliative care (VNSNY currently 1-2 treatments), blood transfusions, paracentesis, IV antibiotics, and total parenteral nutrition (TPN) (as negotiated)
<b>Cardiac</b>	Depending on symptoms: Diuretics, nitrates, opioids for comfort care; PT, Internal defibrillators
<b>Dementia</b>	Pain management via nonpharmacologic and pharmacologic approaches; antimicrobials only with adequate clinical evidence and orally, when possible, nonpharmacologic incontinence treatment
<b>Other</b>	IV antibiotics
<b>Respiratory</b>	Case by case basis: chest tubes, CPAP/BiPAP and ventilator support (if unable to extubate); Oxygen and inhalers, nonpharmacologic and pharmacologic interventions to help with anxiety and difficulty breathing
<b>Stroke</b>	N/A
<b>Chronic Kidney Disease</b>	Hemo/peritoneal dialysis for palliation. Short term once in hospice, may require longer duration in palliative care. (Would require partner with kidney center and transition patient and reduce frequency)

**Does transitional concurrent care require authorization?**

Authorization is required for transitional concurrent care. The Utilization Management team provides support to ensure concurrent care services as well as other services included in the member’s plan of care are carried out via authorization for services in accordance with the VNSNY CHOICE Utilization Management benefit policies. Members that elect hospice are still permitted to receive acute services unrelated to the hospice diagnosis and these should not be viewed as transitional concurrent care (IE: fall and break a hip, acute services are permitted as this is not related to the Hospice Diagnosis).

**How does billing and payment for TCC services work?**

The provider of the transitional concurrent care service can bill VNSNY CHOICE directly for the services provided. Plan authorization rules apply. Members should refer to their Evidence of Coverage pertaining to their plan’s coverage for medical services.

**What is the plan to educate providers about these services?**

VNSNY CHOICE will proactively identify and outreach to providers upstream (PCPs, Specialists, etc.) to inform them of TCC benefits that will be made available to VBID demonstration eligible members.



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**How is care coordinated to ensure the member receives TCC during the first month?**

The hospice provider will coordinate with the referring provider and other members of the existing care team to define a plan for the tapering of care and services.

**Does the service need authorization from VNSNY CHOICE?**

Services during the first month post-hospice election require authorization from VNSNY CHOICE. Hospice providers should outreach to the health plan with any care plan changes at a minimum every 15 days as required by the Hospice VBID Component Technical and Operational Guidance. To reach the health plan utilization management department, call our Contact Center at 866-783-1444 (TTY: 711) 8am – 8pm 7 days a week.

## Billing and Claims

**Where do I submit claims?**

To submit an electronic claim to VNSNY CHOICE: Effective February 22, 2021, Availity became the preferred Electronic Data Interchange (EDI) and Portal vendor for VNSNY CHOICE Health Plans transactions.

The existing Payer ID to submit an electronic claim is 77073.

Please visit [apps.availity.com/web/welcome/#/edi](https://apps.availity.com/web/welcome/#/edi) and [www.availity.com/vns](https://www.availity.com/vns) to help set up your business or vendor for submitting EDI transactions through Availity. Use Availity’s Provider Engagement Portal for eligibility and benefits inquiry, claim submission, claim status inquiry, and electronic remittance advice. Please ensure you are registered with Availity for this access. (Availity Registration). If you have questions or need assistance, call Availity Client Services at 1-800-Availity (1-800-282-4548) Monday through Friday, 8:00 am to 8:00 pm Eastern Time.

*For hard copy (paper) claim submissions; please mail to:*

VNSNY CHOICE Claims  
P.O. Box 4498  
Scranton, PA 18505.

**Are there any changes to the four levels of care and regulations regarding the four levels by CMS as they currently exist?**

There are no changes to the four levels of care as they are currently being administered by the Centers for Medicare & Medicaid Services (CMS).

**What is the process for claims reimbursement?**

After timely submission of claims as outlined in the contract, INN hospice providers will be reimbursed at the rates outlined in the contract or at the Medicare rate for non-contracted providers. Hospice providers should not submit any claims to members/caregivers and should continue to submit claims through existing processes with their Medicare Administrative Contractor (MAC) for these members. VNSNY CHOICE will pay clean claims within 30 days of receipt. Please refer to the VNSNY Hospice Benefits Provider Education video on the Provider Portal for additional information.

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**Will copays/coinsurance still apply for medications and inpatient respite if they are currently part of a member's plan?**

- For CHOICE Total Members: no copays or coinsurance
- For D-NSP and MA-PD members: Copayments and coinsurance amounts are consistent with existing CMS benefits - \$5 copayment for drugs and biologicals furnished by the hospice on an outpatient basis and 5% coinsurance per day on an inpatient respite care stay.

## Grievances and Appeals

**Can members and caregivers submit grievances and appeals?**

The grievance/appeal process applies to members of Medicare Advantage plans who are dissatisfied with the healthcare services received, or any aspect of the plan, or who have received an adverse determination. Throughout the course of the demonstration, members or authorized representatives may submit grievances and appeals for both palliative care and hospice care provided by either in-network or out-of-network providers. VNSNY CHOICE will address all concerns on an expedited basis to ensure enrollees have timely access to needed care.

**How does a member or caregiver submit a grievance and/or appeal?**

There are two ways for a member or caregiver to submit a grievance and/or appeal. The first is by calling the telephone number associated with the member's membership plan (found on the back of their ID card), and the second is via written correspondence. Patients and/or caregivers should be instructed to review the member handbook for information on how to file a grievance or appeal.

## Provider Claims Disputes

**What is the process for submitted a claims dispute?**

Providers can submit a claim payment inquiry related to the adjustment of a claim by completing the Provider Claims Dispute Form. The form can be found on the VNSNY CHOICE health plan website at [CHOICE Provider Claims Dispute Form - VNSNY CHOICE](#)

## Frequently Asked Questions

**Do members and caregivers have a 24/7 support line?**

The 24/7 care support line can be reached at 212-609-1920 (TTY: 711) and is intended to assist current patients with questions, concerns, symptom management, order supplies and DME, medication refills, etc.

**Who can providers contact at VNSNY CHOICE with any questions?**

- For questions regarding eligibility, network status or member's benefits, please call the VNSNY CHOICE Contact Center at 212-609-1900, 7 days a week
- For any clinical related questions or questions related to Transitional Concurrent Care, providers can reach an agent in our Contact Center at 212-609-1900 and request to speak with a care manager from the hours of 8:30am – 4:30pm
- For contracting questions, email [John.Caralyus@vnsny.org](mailto:John.Caralyus@vnsny.org)

**Will hospices continue to submit HIS Data?**

Yes. There will be no changes to the current Hospice Item Set (HIS) submission process.

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**Can out-of-network hospice agencies provide care?**

Out-of-network providers can provide care to members. For more information on Hospice VBID, please visit our website at [www.vnsnychoice.org](http://www.vnsnychoice.org) for more information.

**How can a non-participating hospice provider join the VNSNY CHOICE network?**

Non-participating hospice providers interested in joining our network can complete a request form that can be found here [CHOICE Provider Join Our Network Form - VNSNY CHOICE](#)

**If a member revokes the hospice benefit, or no longer meets criteria, are they eligible to enroll in palliative care?**

VNSNY CHOICE will apply eligibility criteria to members to ensure they are appropriate for referral back to palliative care after processing termination from the hospice benefit.

**What information needs to be provided to VNSNY CHOICE during a member's enrollment in Hospice?**

Hospices must submit notification to VNSNY CHOICE of member having elected hospice care via email at [VNSNYHospiceNotices@vnsny.org](mailto:VNSNYHospiceNotices@vnsny.org) along with member NOE, TCC, and NOTR forms. Providers will also submit claims to TMG for payment of hospice care. More details can be found in the VNSNY Hospice Benefits Provider Education video on the Provider Portal for additional information.

**How can I reach out to CMS with questions?**

Please contact [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov) directly with questions about Hospice Value Based Insurance Design Model.

\*CHOICE health plan reserves the right to terminate or suspend providers who are sanctioned or added to the CMS preclusion list.