

# Hospice Value-Based Insurance Design (VBID)

## Fact Sheet and Frequently Asked Questions

 **PRESBYTERIAN**



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## Introduction

Presbyterian Health Plan, Inc. (Presbyterian) developed this document to address the most common questions that providers have regarding Presbyterian's Value-Based Insurance Design (VBID) program. This information is provided to aid providers in understanding and making use of the program to benefit their patients and health plan members.

The information contained in this document is for general information only and does not supersede any contractual arrangements or formal communications from Presbyterian.

## Program Overview

### 1. What is the VBID?

- a. VBID is an acronym for "Value-Based Insurance Design" and is pronounced like a word "V-BID." It is a pilot program used by the Centers for Medicare & Medicaid Services (CMS) that allows health plans to offer additional benefits within certain Medicare Advantage (MA) plans to treat specific chronic or socioeconomic conditions.

### 2. Do all MA plans offer VBID benefits?

- a. No, Medicare Advantage Organizations (MAOs) must submit a proposal each year to Centers for Medicare & Medicaid Innovation (CMMI) for review and approval. In 2022, Presbyterian Senior Care HMO plans are the only Medicare Advantage plans in New Mexico with these additional benefits.

### 3. Will members know this program as VBID?

- a. No, CMS does not want health plans to use the term VBID with members. Instead, Presbyterian recommends communicating VBID to members as "hospice through their health plan with additional benefits."
- b. The hospice benefit described in Chapter 4 of the Member's Evidence of Coverage is very different than in previous years. With this change, our members who elect hospice will continue to have access to certain treatments that are not usually part of a hospice program. These services will be provided and paid for through Presbyterian rather than original Medicare. In addition to the normal hospice coverage, Presbyterian is approved to offer additional benefits to our members in this program.

## Provider-Centered Information

### 4. Where should hospice providers submit their Notices of Eligibility (NOEs) when a member is admitted to their hospice program?

- a. Providers should submit their NOEs to both CMS and Presbyterian electronically using the claim form described by CMS in [this PDF](#). For additional guidance or

details, providers should contact their clearinghouses or Presbyterian's [Provider Network Operations](#) (PNO) department for additional guidance or details.

- b. If providers can not send their NOEs to Presbyterian electronically through a clearinghouse, they should contact Presbyterian's PNO department to get more information about submitting through Fast Claim.
- c. As a last resort, providers may submit to a secure email box: [PHPHospiceNOE\\_NOTR@phs.org](mailto:PHPHospiceNOE_NOTR@phs.org).

NOEs must be received within five days of the member's admission to hospice care. Effective June 1, 2022, claims will be denied if an NOE is received beyond this five-day time frame.

## **5. How do I submit a request for the concurrent or transitional services or additional supplemental benefits through the VBID Hospice Benefit Component?**

- a. The Presbyterian Utilization Management department has a "VBID Transitional Services Request Form" available that lists all the available services and their allowed time frames. If you have not already received one, then you may obtain a copy by visiting the following link: [www.phs.org/providers/authorizations](http://www.phs.org/providers/authorizations).
- b. The fax numbers for submission are available on the form.
- c. Without this form, these services and/or benefits will be denied by Presbyterian.
- d. These services are only available for members that have elected an in-network hospice provider as their designated hospice.

## **6. What Presbyterian plans are included in VBID?**

- a. Presbyterian Senior Care Plan 1 (HMO) (H3204-008) is included.
- b. Presbyterian Senior Care Plan 2 with Rx (HMO) (H3204-001) is included.
- c. Presbyterian Senior Care Plan 3 with Rx (HMO) (H3204-007) is included.
- d. No other Presbyterian plans are included. See 7.a.i-iii below for an example of each plan's card.
- e. The Presbyterian's Senior Care HMO Plans above are the only MA plans that include the VBID Hospice Benefit Component.

## **7. Are Presbyterian members who elect hospice on or after Jan. 1, 2021, automatically enrolled in the VBID program?**

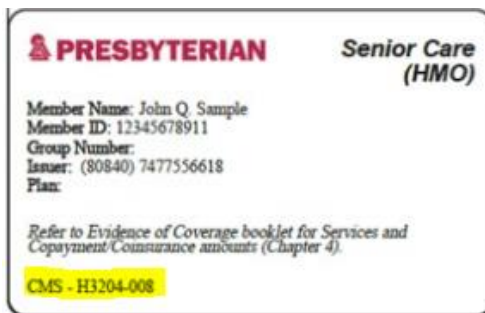
- a. The hospice component is effective for the above three plans as of Jan. 1, 2021. Any new hospice elections dated Jan. 1, 2021, and beyond for these three plans are covered by Presbyterian under VBID and not original Medicare.



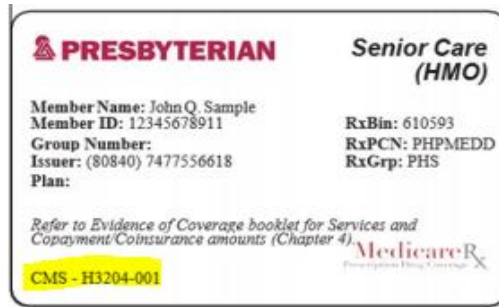
- b. The member does not need to do anything.
- c. The provider must submit the Notice of Election (NOE) to both CMS and Presbyterian within five days of admission. See question 4.a above for details.
- d. Any claims for hospice elections that predate Jan. 1, 2021, should be submitted to original Medicare only for payment.

**8. When verifying Presbyterian Medicare VBID plans through the Presbyterian Provider Portal, does the group name or product type indicate that the patient is participating in the Medicare VBID plan?**

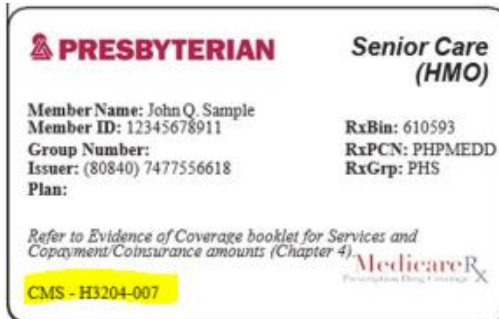
- a. No, there is no reference to VBID or hospice in the portal. You will need to look at the plan IDs on the member's identification card. See item b on this list for the card examples with the three (3) plans that participate in this program. If the patient is a member of Presbyterian Dual Plus (HMO D-SNP), Presbyterian Medicare PPO or an employer group MA plan, you should submit your NOE and claims to original Medicare only. These plans are NOT participating in the VBID Hospice Benefit Component.
- b. The plans that are participating in the Hospice Benefit Component of the VBID Model are Presbyterian Senior Care Plan 1 (HMO) (H3204-008), Presbyterian Senior Care Plan 2 with Rx (HMO) (H3204-001) and Presbyterian Senior Care Plan 3 with Rx (HMO) (H3204-007). No other plans are participating.
  - i. When looking at a member's identification card, you will see the plan identifier in the lower left-hand corner.
  - ii. Presbyterian Senior Care Plan 1 (HMO) (H3204-008):



- iii. Presbyterian Senior Care Plan 2 with Rx (HMO) (H3204-001):



iv. Presbyterian Senior Care Plan 3 with Rx (HMO) (H3204-007):



**9. Will hospice daily rates be the same as Medicare daily rates and updated every October?**

- a. Non-contracted hospice providers will be reimbursed at the Medicare rates when providing covered hospice services to Presbyterian members. Please review the Medicare Product Attachment in the Provider Service Agreement for more information.
- b. Hospice providers who have contracts with Presbyterian for Presbyterian Senior Care HMO plans 1, 2 or 3 should be reimbursed at their contracted rates. A contract with Presbyterian for any other line of business does not apply to Medicare and would default to the non-contracted Medicare rates.

**10. Will providers receive an authorization after a NOE is submitted?**

- a. No. Hospice care itself does not require authorization; however, additional therapies provided by non-hospice providers do require authorization.
- b. Presbyterian's Utilization Management team has a "VBID Transitional Services Request Form" to request transitional and concurrent benefits and additional supplemental benefits for VBID Hospice Benefit Component members. Refer to Question 5 above for information on how to order covered concurrent/transitional care services and/or supplemental benefits for your patient.
- c. Without this form, these additional services and/or supplemental benefits will be denied by Presbyterian.

## 11. What do providers need to submit with the NOE?

- a. All information traditionally included on the NOE to CMS is what is required to be submitted to Presbyterian.
- b. CMS provides additional guidance regarding how to submit an NOE at [this link](#).
- c. Presbyterian also requires the “VBID Transitional Services Request Form” for any transitional or concurrent services and/or supplemental benefits the member needs. These services are only available for members that have elected an in-network hospice provider as their designated hospice. Please refer to Question 5 above for more details on this form.

## 12. Should providers send a copy of the MA member’s ID card with the NOE?

- a. No, providers are not required to include a copy of the member’s ID card.

## Questions Members May Ask You

### 13. What additional benefits are available through this benefit?

- a. Refer to Chapter 4 of the Evidence of Coverage for details.
- b. Here are a few key benefits:
  - i. Counseling services performed by licensed social workers and chaplains
  - ii. Durable medical equipment (DME) equipment related to a terminal diagnosis
  - iii. Drugs for symptom control and pain relief related to a terminal diagnosis
  - iv. Home care, nursing and physician services, and short-term respite care
  - v. Home and bathroom safety devices and modifications not typically covered by Medicare
  - vi. A maximum of 60 meals for the duration of the hospice stay
  - vii. Transportation for ongoing hospice care rather than for curative care
- c. In addition, the following benefits are offered during the first benefit period:
  - i. Palliative care
  - ii. Limited concurrent/transitional care
  - iii. Readmission prevention program benefit for members who have elected hospice with services to help prevent hospital readmissions

d. To request transition services for your patient, please refer above to Question 5.

**14. Will there be copays and deductibles for hospice services, or will hospice services be paid the same as original Medicare?**

a. Members will not have copays or deductibles for traditional hospice benefits.

d. If the member's care plan allows for the limited concurrent/transitional care services and/or supplemental benefits identified on the "VBID Transitional Services Request Form," then these services are subject to plan rules and corresponding member cost-sharing. Please refer to Question 5 above for more details on this form.

b. Additional details on hospice coverage are in Chapter 4 of the member's Evidence of Coverage.

i. [Evidence of Coverage for Presbyterian Senior Care Plan 1 \(HMO\) \(H3204-008\)](#)

ii. [Evidence of Coverage for Presbyterian Senior Care Plan 2 with Rx \(HMO\) \(H3204-001\)](#)

iii. [Evidence of Coverage for Presbyterian Senior Care Plan 3 with Rx \(HMO\) \(H3204-007\)](#)