



Centers for Medicare & Medicaid Services

DATE: November 16, 2020
TO: Medicare-enrolled Hospice Providers
FROM: Center for Medicare & Medicaid Services (CMS) Innovation Center
SUBJECT: IMPORTANT NOTICE: Billing information update beginning January 1, 2021

Beginning on January 1, 2021, the below Medicare Advantage Organizations (MAOs) are including the Medicare hospice benefit in their benefits package as part of a CMS Innovation Center Model. Under the Model, the participating MAOs are responsible for coverage and payment of all services covered by Original Medicare, including hospice.

These changes **only** apply to patients who elect to **begin** hospice care, receive that care from you on or after January 1, 2021, **and** are enrolled in the specific MAO and plan(s) listed below in 2021 (this information may change annually). We're here to help you prepare for these changes.

Which plans are in the Model?

The following MAO is participating in the Model and operating in your service area for the counties indicated during calendar year (CY) 2021:

- **Parent Organization:** Intermountain Health Care, Inc.
- **Offering five plans in these counties in Idaho:**
 - (1) **SelectHealth Advantage Essential (H1994-001)** offered in Franklin
 - (2) **SelectHealth Advantage Essential (H1994-003)** offered in Ada and Canyon
 - (3) **SelectHealth Advantage (H1994-004)** offered in Minidoka and Twin Falls
 - (4) **SelectHealth Advantage Enhanced (H1994-007)** offered in Franklin
 - (5) **SelectHealth Advantage Enhanced (H1994-008)** offered in Ada and Canyon

Who do we submit notices and claims to for beneficiaries in participating plans?

You must send all notices and claims to **both** your patient's participating MAO **and** your Medicare Administrative Contractor (MAC).

How do we submit claims?

Intermountain Health Care, Inc. will send you information about submitting hospice notices and claims. You may also view up-to-date information on the Model's website at:

<https://bit.ly/2J5nOCL>

The main points of contact to help you are:

- **Hospice Network Administrative Contact:**
 - Primary: Russell Gardner at Russell.gardner@selecthealth.org and 801-442-7282
 - Secondary: Chris Engh at chris.engh@selecthealth.org and 801-442-9075
- **Clinical and Patient Support Contact:**
 - Primary: Tess Reinhardt at tess.reinhardt@selecthealth.org and 801-442-8189
 - Secondary: Mary Ann Owens at maryann.owens@selecthealth.org and 801-442-7097
- **Benefit and Eligibility Verification**
 - Primary: Star Christensen at star.christensen@selecthealth.org and 801-442-7156
 - Secondary: Member Services at 801-442-9900

Three things to know about claims for patients in this Model:

1. You must send all notices and claims to **both** the participating MAO **and** your MAC. The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
2. If you contract to provide hospice services with the plan, be sure to confirm billing and processing steps before January 1, 2021, as they may be different.

Note: While we encourage you to reach out to participating MAOs about contracting opportunities, you're not required to contract. If you choose not to contract, the participating MAO must continue to pay you at least equivalent to Original Medicare rates for Medicare-covered hospice care.

3. The Model doesn't permit prior authorization requirements around hospice elections or transitions between different levels of hospice care.

Where do I get more information?

As always, we're committed to providing you with the support you need. For more information:

- Visit the Hospice-Provider VBID Webpages at <https://bit.ly/2J5nOCL>
- Join the VBID-Hospice Listserv at <https://bit.ly/3m7XKoL>
- Contact us at VBID@cms.hhs.gov

Thank you for the essential care that you provide to your Medicare patients.

- ❑ **STEP 2:** If the patient is in an MA plan and the hospice election date is on or after January 1, identify the MA contract number and plan benefit package identification information on the MA enrollment card or by using one of the online tools or services in Step 1.

It will look like this: H#####. For example, H1234-001.

- ❑ **STEP 3:** Compare the information from Step 2 with the list of participating plans' information sent to you in November. The list is also on the Model website <https://bit.ly/2J5nOCL>

If this information matches, your patient is in the Model.

- ❑ **STEP 4:** If your patient is in a participating plan, check the billing and claims processes for the specific participating plan.

Please note: Plan contact information has been sent to you and is also available on the Model website. Participating MAOs in your service area will also be reaching out to you with billing information.

- ❑ **STEP 5:** Submit all notices and hospice claims to both your MAC and the participating MAO.

For assistance in triaging any issues or questions with billing, please contact your patient's MAO, your local MAC, or CMS at VBID@CMS.HHS.gov.

For more information, visit <https://bit.ly/2J5nOCL>, or email VBID@CMS.HHS.gov.