Understanding and Implementing Hospice VBID Claims and Management

The Hospice Value-Based Insurance Design Model allows hospice organizations to be paid for services, whether contracted or not. This means that hospice organizations must develop strategies to ensure that they are paid for the care provided for Medicare Advantage Organization (MAO) beneficiaries.

Claims management begins at the time of the referral. Organizations that are actively contracted with a MAO will have processes to ensure timely and accurate billing of claims. Hospice organizations that are not contracted with a beneficiary's MAO must ensure that the claims management process allows for timely and accurate payment for services provided.

Eligibility Check

Medicare benefits should be checked for each new referral. The Medicare Beneficiary Report will indicate if the patient is currently, or has been, a member of a Medicare Advantage plan. The MAO contract number contains eight digits (H#######). Contract information is found on the Centers for Medicaid and Medicare Services (CMS) Hospice VBID website and includes a list of the plan benefit packages and the counties in which the plan benefit packages are active.

When a patient is a member of a participating plan benefit package, the hospice should contact the designated MAO. This serves two purposes. It enables the hospice to confirm that beneficiary's membership and serves as an initial point of contact, which may be the first step to becoming a preferred provider.

Claims Submission

Organizations are required to submit claims, including the notice of election (NOE) and notice of termination or revocation (NOTR), to the MAO and the organization's Medicare Administrative Contractor (MAC). The CMS NOE and NOTR timely filing requirements apply to MAOs.

Submission of claims to the MAC enables CMS to measure the success of the VBID model. Organizations will be paid by the MAO and will also receive remittance advices from the MAC. The MAC remittance advice will contain codes indicating that the claim is being paid by the MAO.

Claim Codes

Claim Adjustment Reason Code 96	Non-covered charge(s)
Remittance Advice Remark Code MA73	Information remittance associated with a Medicare demonstration. No payment issued under fee-for-service as patient has elected managed care
Group Code Contractual Obligation	MAOs participating in the VBID model's hospice component will be responsible for coverage of the above services

Axxess has the tools to support the Hospice VBID claims management process.Automated claim creation, verification and submission enable hospice organizations to be paid in a timely manner.

About The Author

Zaundra Ellis is the Vice President of Hospice Professional Services for Axxess. She leverages her many years of expertise in the hospice industry to create a software solution that is easy to use and allows clients to be clinically, administratively and financially compliant. Prior to joining Axxess, Zaundra served as the Executive Director for Kindred Hospice and Heart to Heart hospice organizations across Texas. In this role, she oversaw a hospice house, created and implemented a companywide QAPI program for an organization that served more than 2,500 patients, and used her experience to create operations thatimproved compliance and maximized reimbursements.

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