

VBID Model Billing Quick Reference Guide



Hospice Election Process

1. Member must go through Voluntary Consultation with Hospice provider for education on Hospice Care
2. Complete NOE form
 - a. Please reference <link to NOE form>
3. Submit Hospice NOE to Medicare and ProCare Advantage within 5 calendar days of hospice election date.
 - a. Submit NOE to HospiceNOE@allyalign.com
 - b. The NOE must be received and processed by ProCare before the first hospice claim is submitted.
4. Submit the NOE Effective Date on the electronic claim form, following CMS guidance.
 - a. Hospice Claims must be submitted to BOTH ProCare and Medicare.
5. After the first hospice claim is submitted to both ProCare and Medicare, you can expect to receive a payment denial from Medicare for all claims with DOS within the Hospice benefit period.

Billing Hospice Services provided under Hospice VBID Model (cont.)

Billing coverage period: Dates	Must be entered in six-digit format: MMDDYY.
Condition Codes	Report one condition code, when applicable.
Occurrence Codes	Enter an occurrence code to define event related to the billing period. Enter an occurrence span code, if applicable, with a beginning and ending date to define the event related to the billing period. Must enter dates in six-digit format: MMDDYY.
Value Codes	Enter value code to identify the location of hospice services.
Revenue Codes	Assign appropriate revenue code for type of service provided. If different levels of care are provided, report in separate line items. For each level of care, report the date on which the level of care began, and the unites should represent the number of dates that level of care was provided.
Patient Status	Enter the appropriate patient status code on each claim, using CMS Guidance.
Patient Discharge Guidelines	Reasons for discharge: <ul style="list-style-type: none"> • Patient is no longer terminally ill. • Patient moves out of service area or transfers to another hospice.
Consulting Physician Services	Consulting physicians (separate from member's attending physician) provide service-related to the treatment of terminal illness. Consulting physician services must be billed by the hospice agency, and reported electronically on a UB-04. Consulting physician must have a contractual agreement with the hospice agency for their service

Hospice providers that are not contracted with a participating MAO must submit Original Medicare claims to participating MAOs to be paid at Original Medicare rates for covered hospice care provided to participating plans' enrollees.

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(cont.)



Provider Billing:

1. Submit completed Notice of Election (NOE) to ProCare Advantage and Medicare;
 - NOTE: Hospice providers must file NOEs within 5 calendar days to ProCare Advantage. If an NOE is not filed timely, the days of hospice care from the effective date of election to the date of filing of the notice of election will not be covered.
 - NOE Form available here: <link to form>

2. Submit claim with NOE Effective Date, according to CMS Guidelines.

3. Submit claims to Medicare AND ProCare Advantage. Claims must be billed monthly, comply with a calendar month as opposed to a 30-day period.
 - Medicare uses these claims for information and monitoring purposes. Expect a Remittance Advice with the following messages:
 - Claim Adjustment Reason Code (CARC) 96: Non-covered charge(s)
 - Remittance Advice Remark Code (RARC) MA73: Information remittance associated with a Medicare demonstration. No payment issued under Fee-for-Service Medicare as patient has elected managed care
 - Group Code Contractual Obligation (CO): MAOs participating in the VBID Model's hospice benefit component will be responsible for coverage of the above services

4. Upon hospice discharge or benefit revocation, file the Notice of Termination or Revocation (NOTR) with ProCare Advantage and Medicare.