

**Instructions for the Calendar Year 2021
Evidence of Coverage and Annual Notice of Change for Medicare Advantage
Organizations Participating in the Hospice Benefit Component of the Value-Based
Insurance Design Model**

Medicare Advantage Organizations (MAOs) participating in the Hospice Benefit Component of the Value-Based Insurance Design (VBID) Model for Calendar Year (CY) 2021 will need to make the changes outlined below within the Evidence of Coverage (EOC) Model and Annual Notice of Change (ANOC) Model for their participating plan benefit packages (PBPs). Plans should refer to the Centers for Medicare and Medicaid Services (CMS) Communications and Marketing Guidelines, ANOC and EOC model templates, and other CMS documentation for requirements and timelines for providing the EOC and ANOC to prospective enrollees. This document contains all necessary changes to the EOC and ANOC model templates as required for Plan Benefit Packages (PBPs) participating in the VBID Medicare Hospice Benefit component. Other requirements for VBID are listed in the CY 2021 Value-Based Insurance Design Communications and Marketing Guidelines.

I. Instructions to Participating Plans Regarding the EOC

Chapter 2, Section 1 of the EOC (Optional)

Within Section 1 of Chapter 2 of the EOC, participating plans may consider adding in contact information for members electing hospice. This includes any numbers for its high-touch care manager program associated with the Hospice Benefit Component.

Chapter 3, Section 2.3 of the EOC

Plans should describe how members access palliative care and hospice providers, including the role (if any) of the primary care provider, palliative care provider, or other specialists in helping members understand the differences between the plan's palliative care program, the Medicare hospice benefit the member may choose to elect, concurrent care that may be available during hospice election, and any specific hospice supplemental benefits, as relevant.

Chapter 4, Section 2.1 of the EOC

Within Section 2.1 of Chapter 4 of the EOC, participating plans should update the section on hospice care within the Medical Benefits Chart to make clear that hospice services and Part A and Part B services related to terminal prognosis are paid by the participating plan. An example is shared in Table 1. Additionally, within Section 2.1, plans should make the below updates, as applicable:

- In this section, participating plans with hospice provider networks should clearly indicate for each service applicable the difference in cost-sharing at network and out-of-network hospice providers.
- If using Medicare FFS amounts (e.g., for out-of-network cost sharing), participating plans must insert the 2020 Medicare amounts and must insert: "These are 2020 cost sharing amounts and may change for 2021. [Insert plan name] will provide updated rates as soon as they are released." Member cost-sharing amounts may not be left blank.
- Plans should clearly indicate if any transitional concurrent care benefits are included during hospice election and network parameters around receiving transitional concurrent care (i.e.,

for in-network providers only) and any prior authorization related to receiving transitional concurrent care.

- Plans may insert any additional benefits information based on the plan’s approved bid that is not captured in the benefits chart or in the exclusions section, such as around palliative care.
- Plans must describe any restrictive policies, limitations, or monetary limits that might impact a member’s access to services and benefits part of the Hospice Benefit Component within the chart.
- Plans may add references to the list of exclusions in Section 3.1 as appropriate.
- If applicable, participating plans must update the Medical Benefits Chart to include a supplemental benefits chart including a column that details the exact targeted reduced cost sharing amount for each specific service, and/or the additional hospice supplemental benefits being offered. If applicable, participating plans should mention that members may qualify for a reduction or elimination of their cost sharing for Part D drugs.

Table 1. Example of Hospice Section of Medical Benefit Chart

Services that are covered for you	What you must pay when you get these services
<p>Hospice care You may receive care from any Medicare-certified hospice program. You are eligible for the hospice benefit when your doctor and the hospice medical director have given you a terminal prognosis certifying that you’re terminally ill and have 6 months or less to live if your illness runs its normal course. Your hospice doctor can be a network provider or an out-of-network provider. Covered services include: Drugs for symptom control and pain relief Short-term respite care Home care</p>	<p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid by <i>[insert 2021 plan name]</i>. <i>[Include information about cost-sharing for hospice consultation services if applicable.]</i></p>

Services that are covered for you	What you must pay when you get these services
<p>Hospice care (continued) <u>For hospice services and for services that are covered by Medicare Part A or B and are related to your terminal prognosis:</u> <i>[Insert 2021 plan name]</i> will pay for your hospice services and any Part A and Part B services related to your terminal prognosis.</p>	
<p><u>For services that are covered by Medicare Part A or B and are not related to your terminal prognosis:</u> If you need non-emergency, non-urgently needed services that are covered under Medicare Part A or B and that are not related to your terminal prognosis, your cost for these services depends on whether you use a provider in our plan's network: If you obtain the covered services from a network provider, you only pay the plan cost-sharing amount for in-network services If you obtain the covered services from an out-of-network provider, you pay the cost-sharing under Fee-for-Service Medicare (Original Medicare)</p>	
<p><u>For services that are covered by <i>[insert 2021 plan name]</i> but are not covered by Medicare Part A or B:</u> <i>[insert 2021 plan name]</i> will continue to cover plan-covered services that are not covered under Part A or B whether or not they are related to your terminal prognosis. You pay your plan cost-sharing amount for these services.</p>	
<p><u>For drugs that may be covered by the plan's Part D benefit:</u> Drugs are never covered by both hospice and our plan at the same time. For more information, please see Chapter 5, Section 9.4 (<i>What if you're in Medicare-certified hospice</i>).</p>	
<p>Note: If you need non-hospice care (care that is not related to your terminal prognosis), you should contact us to arrange the services. <i>[Insert if applicable, edit as appropriate: Our plan covers hospice consultation services (one time only) for a member who hasn't elected the hospice benefit but may be considering and be eligible for the hospice benefit, along with their family or caregiver.]</i></p>	

Chapter 4, Section 3.1 of the EOC

Within Section 3.1 of Chapter 4 of the EOC, participating plans should update the chart with services listed that are excluded from Original Medicare's benefit package as applicable if any services listed are covered supplemental benefits under the Hospice Benefit Component of the VBID Model. When plans partially exclude services excluded by Medicare, they need not delete the item completely from the list of excluded services but may revise the text accordingly to describe the extent of the exclusion. Plans may add parenthetical references to the Benefits Chart for descriptions of covered services/items as appropriate. Plans may also add exclusions as needed.

Chapter 5, Section 1.1 of the EOC

Within Section 1.1 of Chapter 5 of the EOC, participating plans should update the description around covered drugs during a hospice election period to indicate that all drugs will be covered.

Example: Your drugs may be covered by our plan if you are in Medicare hospice. Our plan also covers Medicare Parts A, B, and D services and drugs that are unrelated to your terminal prognosis and related conditions. For more information, please see Chapter 5, Section 9.4 (*What if you're in Medicare-certified hospice*). For information on hospice coverage, see the hospice section of Chapter 4 (*Medical Benefits Chart, what is covered and what you pay*).

Chapter 5, Section 9.4 of the EOC

Within Section 9.4 of Chapter 5 of the EOC, participating plans should update the description around covered drugs during a hospice election period to indicate that all drugs will be covered. An example is provided below.

Note: participating plans should update this section to reflect process under the VBID Model and to indicate differences in process for in-network and out-of-network hospice providers, if any.

Example: All drugs are covered by our plan. If you are enrolled in Medicare hospice and require an anti-nausea, laxative, pain medication or antianxiety drug that is not covered by your hospice because it is unrelated to your terminal illness and related conditions, our plan must receive notification from either the prescriber or your hospice provider that the drug is unrelated before our plan can cover the drug. To prevent delays in receiving any unrelated drugs that should be covered by our plan, you can ask your hospice provider or prescriber to make sure we have the notification that the drug is unrelated before you ask a pharmacy to fill your prescription.

In the event you either revoke your hospice election or are discharged from hospice our plan should cover all your drugs. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, you should bring documentation to the pharmacy to verify your revocation or discharge. See the previous parts of this section that tell about the rules for getting drug coverage under Part D. Chapter 6 (*What you pay for your Part D prescription drugs*) gives more information about drug coverage and what you pay.

II. Instructions to Participating Plans Regarding the ANOC for CY 2021

Section 2.3 of the ANOC

Within Section 2.3 of the ANOC, participating plans should note a change to its network to include its network of hospice providers for 2021 and ensure that the participating plan's 2021 Provider Directory (in print and/or online) is updated and lists its network of hospice providers.

Additionally, either within its Provider Directory or its ANOC, participating plans may include which hospice providers, if any, that the participating plan has limitations on from exclusion in-network or out-of-network. These hospice network provider limitations to ensure beneficiary safety should be approved by the CMS Innovation Center.

Section 2.5 of the ANOC

Within Section 2.5 of the ANOC, participating plans should update this section to include the hospice supplemental benefits that may be available for some beneficiaries based on election of the hospice benefit, which will be new for CY 2021. Specific to the Hospice Benefit Component, the table must include: (1) all new benefits that will be added for 2021, including any new mandatory hospice supplemental benefits; (2) new/changing limitations or restrictions, including network limitations and prior authorization for CY 2021 transitional concurrent care; and (3) all changes in cost-sharing for 2021 for covered medical services, including any differences in-network and out-of-network hospice providers.

If using Medicare FFS amounts (e.g., for out-of-network cost sharing), participating plans must insert the 2020 Medicare amounts and must insert: "These are 2020 cost sharing amounts and may change for 2021. [Insert plan name] will provide updated rates as soon as they are released." Member cost-sharing amounts may not be left blank.

Section 8.2 of the ANOC

Within Section 8.2 of the ANOC, participating plans should include contact information regarding its high-touch care manager program associated with the Hospice Benefit Component, which should be serviced in a way that is clear, immediately available, culturally competent, and knowledgeable about the hospice benefit and choices.