



Value Based Insurance Design (VBID) Model Operational Guidance for Hospice Providers

An Explanation of the VBID model

Under its Value-Based Insurance Design (VBID) model, The Centers for Medicare & Medicaid Services (CMS) recently launched a demonstration with the goal of improving patients' experience using hospice benefits within their Medicare Part A benefits package. This demonstration aims to improve care delivery and quality by enhancing the coordination of services for patients.

Beginning January 1, 2023 the SCAN plans participating in this demonstration are the SCAN Embrace (HMO SNP) I-SNP plans in California identified below. By participating in the VBID program, SCAN Embrace members who are hospice-eligible can access and utilize the full benefits of hospice care while continuing to see their SCAN Embrace primary care providers.

SCAN Plans Participating in the 2023 Hospice VBID Model

Medicare Plan	County Service Areas
SCAN Embrace H5425-086	Los Angeles County, CA
SCAN Embrace H5425-087	Orange County, CA
SCAN Embrace H5425-091	San Bernardino County, CA

Please note that SCAN Embrace products in Arizona (SCAN Desert Health Plan) are **not** participating in the VBID model in 2023.

About SCAN Health Plan's VBID Hospice model

SCAN's VBID Hospice model focuses on creating a better, more supportive experience and improving the continuity of care for our members who are transitioning into hospice from their traditional Medicare Advantage benefits.

SCAN is partnering with several high-quality and accountable hospice providers to offer end-of-life care for those members that are eligible. SCAN and these providers will identify, engage, and support members in accessing both their hospice and traditional Medicare Advantage plan benefits. Members that elect hospice with an in-network hospice provider are eligible for additional supplemental benefits and Transitional Concurrent Care (TCC).

To find an up-to-date list of SCAN in-network hospice providers, please visit

<https://www.scanhealthplan.com/vbid/hospiceproviders>



In order to be considered an in-network hospice provider with SCAN Health Plan through the VBIID program, a provider must have an executed contract with SCAN Health Plan. If you are a hospice provider interested in contracting with SCAN, please email a Letter of Intent (LOI) to VBIIDHospice@scanhealthplan.com.

Transitional Concurrent Care (TCC) –

Members who select an in-network hospice are eligible to receive relevant TCC services as the member and their family move into hospice. This means that certain curative therapies and services related to the member's terminal diagnosis may be continued after the member begins hospice to ease the transition to hospice and to keep the member's usual care team engaged in the process. Examples of TCC include (but are not limited to): stepdown chemotherapy for members with a terminal cancer diagnosis, neurologist visits for those with a terminal Alzheimer's disease diagnosis, behavioral health therapy visits, etc.

TCC services must be authorized by SCAN Health Plan at the time of hospice election. Members and/or their legal Power of Attorneys (POAs) should consult with their Embrace primary care provider on which TCC services are right for them. Upon hospice admission, the SCAN Embrace case management team will authorize any TCC services agreed upon by the member's primary care team and member and/or POA. Members will then receive an authorization from SCAN Health Plan and can contact the specified provider to access those TCC services.

For more information about TCC or to request information about a specific TCC therapy or service, please contact the SCAN Embrace team at 855-828-7226 or SCAN Member Services at 1-800-559-3500 (TTY 711).

\$500 Assistance Allowance –

Members who select an in-network hospice are able to spend a one-time \$500 allowance on any combination of the supplemental benefits below to support their social and emotional needs during the hospice election:

1. MemoryWell, professionally written life stories to help members share what matters most to them with their families and care providers – provided in-person or virtually. [For more information about the MemoryWell benefit option, visit <https://www.memorywell.com/scan>];
2. Anticipatory grief counseling sessions with a SCAN-contracted, licensed behavioral health provider provided via telehealth; and/or
3. Additional in-home caregiver respite hours through SCAN's contracted network of personal care and homemaking providers for tasks like bathing assistance, light housework, meal prep, etc. (4 hours per session – *limited to those who reside in a private residence without a full-time paid caregiver*)



SCAN has created bundled combinations of benefits within those three selections, and Members will be allowed to allocate their \$500 across the three options as they choose during the hospice consultation process.

Enhanced Care Coordination -

Through the VBID program, SCAN has partnered with its in-network hospice providers to deliver a coordinated care model. SCAN primary care providers have established direct connections with hospice care teams and frequently communicate updates on members' care to ensure a seamless experience for members and their loved ones while on hospice. The SCAN case management team will continue supporting members after they've elected hospice. Members can reach the SCAN case management team at 855-828-7226.

For more information about the VBID Hospice program, please contact SCAN via the methods below:

BY PHONE:

- SCAN Embrace: 855-828-7226
- SCAN Member Services: 1-800-559-3500 (TTY 711). *Calls to this number are free. Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. Member Services also has free language interpreter services available for non-English speakers.*

BY EMAIL:

- VBIDHospice@scanhealthplan.com

Operational Guidelines on NOE & Claim Submission for all hospice providers

Signed Election and Consent Statements

Hospice providers must submit copies of the Signed Election and Consent statement (the form the member must sign to enter hospice) via email to SCAN within 5 days of the hospice admission date. Submit documents to VBIDHospice@scanhealthplan.com

Notice of Election, Notice of Termination/Revocation

Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) should be submitted to both SCAN **and** to the Centers for Medicare and Medicaid (CMS) via your MAC as submitted today within 5 days of the hospice admission date.

Submitting to SCAN: The NOE/NOTR should be submitted via email, accompanying the Signed Election and Consent (see above) to VBIDHospice@scanhealthplan.com within 5 days of the



hospice admission date. The NOE/NOTR must also be submitted electronically to SCAN through Office Ally (payer ID: SCAN1) or the provider's clearing house.

Providers can find Office Ally and clearing house information via the SCAN Provider Portal at:

<https://www.scanhealthplan.com/providers>

You can also access "For Providers" section via SCAN's website www.scanhealthplan.com found near the bottom right of the landing page. There you can register as a provider and access Office Ally and important provider information.

Certification of Terminal Illness

A copy of the physician's Certification of Terminal Illness, signed by the hospice physician, must be submitted via email to VBIDHospice@scanhealthplan.com before submission of the first hospice claim.

Notification of Discharge

Please notify the SCAN Case Management team by phone (855-828-7226) or email (VBIDHospice@scanhealthplan.com) within 24 hours of patient's discharge from hospice.

Claims Submission

Claims can be submitted through Office Ally or a provider's preferred clearing house. SCAN asks providers to submit claims electronically in the industry standard HIPAA compliant 837 electronic format. Providers can find Office Ally and clearing house information via the SCAN Provider Portal at:

<https://www.scanhealthplan.com/providers>

You can access the provider section found near the bottom of the landing page. There you can register as a provider and access Office Ally and important provider information, including member eligibility verification tools.

All claims should be submitted according to CMS requirements to be considered a clean claim.

Claims Reimbursement

Provider shall submit to SCAN bills for Covered Services monthly in accordance with Medicare billing requirements. Claims must be filed no later than the close of the period ending one (1) calendar year after the date of service. Claims submitted after one (1) calendar year after the date of service will be denied and Provider shall not bill the Member or the Member's estate, as applicable.

SCAN will pay clean claims within sixty (60) calendar days of receipt for contracted providers and within thirty (30) calendar days of receipt for non-contracted providers. Providers will receive payment in the amount indicated in the provider's contract or at the Original Medicare rate. Payment will be reduced by contractually determined amounts and by CMS sequestration appropriate at the time of payment.

Payment will be in the form of a payment card or a check. For details on payment methods, please visit the SCAN Provider Portal or the [Change Health Care website](#).



Member Out of Pocket

Copayments, deductibles, and coinsurance amounts (MOOP) found in a member's plan may apply to select services while member participates in the SCAN hospice program.

No Balance Billing

Member balance billing (MBB) is strictly prohibited. SCAN payments to providers are considered payment in full, less any copays, coinsurance, or deductibles – which are the financial responsibility of the Member. Providers are prohibited from seeking additional payment from Members for any other unpaid balances.

Checking Claims Status

Claims status can be checked on-line via SCAN's Provider Portal. To register, please go to <https://www.scanhealthplan.com/providers> and follow the registration process.

Provider Disputes

Contracted providers can file a provider dispute for claims disposition by accessing the provider portal and submitting an electronic request. SCAN will review the request for dispute, review the claim, review the contract, and provide feedback within fourteen (14) calendar days. Note some requests may require additional time to review and respond with a determination.

Grievances and Appeals

Non-contracted providers can submit a grievance/appeal by faxing their complaint to SCAN or by submitting the complaint through the provider portal.

Providers can access the [Provider Operations Manual](#) for details by accessing the SCAN Provider Portal.

Additional Information and Links

CMS VBID Hospice Webpage: <https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview>

SCAN Claims Department:

Mail:

SCAN Claims Department
PO Box 22698
Long Beach, CA 90801-5616

SCAN Grievance and Appeals:

Fax: 562-997-1835

Provider Portal: <https://www.scanhealthplan.com/providers>

Mail:



SCAN

Attention: Claims – 2nd Level Appeal

PO Box 22698

Long Beach, CA 90801-5616

Office Ally: <https://cms.officeally.com/>

Change Health Care: <https://www.providerpayments.com/>