

VBID MAO Hospice Billing

Prepared for

myUnity Essentials Financial



Netsmart

www.ntst.com

11100 Nall Avenue
Overland Park, KS 66211
800.842.1973

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Overview

From 1/1/2021 until 12/31/2024, CMS tested the inclusion of the Part A Hospice Benefit within the Medicare Advantage Organizations (MAO) benefit plan through the Hospice component of the Value Based Insurance Design (VBID) Model.

During this VBID test period, for patients electing a MAO, the hospice provider must send all notices and claims to both the MAO *and* their MAC. The MAO is responsible for claim payment, but MACs will submit claims for informational and operational monitoring of the model.

If the hospice provider is not contracted with the MAO for hospice services, the MAO should be billed following Original Medicare regulations. If an agency does contract with an MAO, they should confirm the claim requirements and payment rates as these may differ from Original Medicare. No authorizations are permitted for any MAO.

The instructions in this document are specific to non-contracted MAOs, or any MAO that adheres to Original Medicare requirements. The same revenue codes and levels of care used for Original Medicare hospice patients will be used for MAO patients. Follow the [Hospice Billing Guide FAQ](#) for detailed Medicare Hospice billing instructions.

IMPORTANT: The MAO Hospice insurance should have an end date of 12/31/2024. The MAO payer should be listed as primary and Original Medicare Hospice Insurance listed as Secondary in the patient record until all claims through 12/31/24 have been submitted/adjudicated and then Original Medicare should be changed to primary.

Refer to CMS for more detailed information on the VBID model:

<https://www.cms.gov/priorities/innovation/innovation-models/vbid/vbid-hospice-benefit-overview>

One-Time Setup

Insurance Setup

Go to **File > File Maintenance > Entity**, press **Change Type** and set to **Insurance**. Search for and select the MAO insurance. Click on the **Insurance** tab and set-up as follows. (Repeat these steps for each MAO VBID payer).

Insurance Type: Medicare Hospice Rev Type

Financial Class: Medicare Hospice or Medicare Adv Hospice Class

Bill Type: UB04

Payor/Submitter#: enter the payer or clearinghouse 5-digit payer ID for electronic claims

Bill Method: Hospice

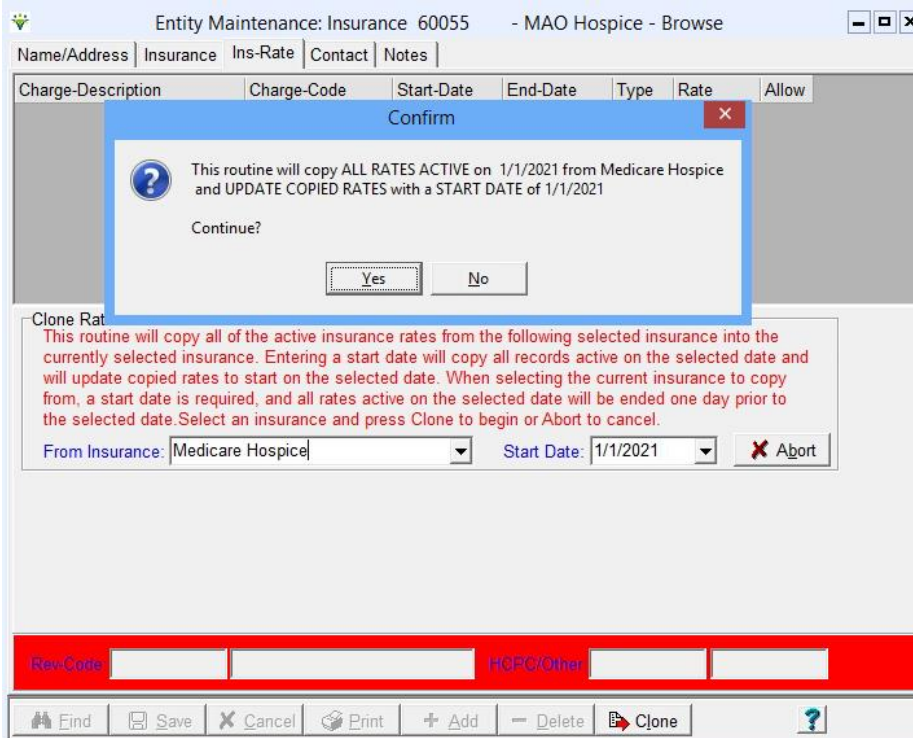
Payor Type: 2-Medicare HMO

Billing Unit Overrides: Same as Medicare Hospice (1/4 Hours for visit modalities and Continuous

Care. Units for Routine, Respite and Inpatient).

Go to the **Ins-Rate** tab, and press **Clone** to copy Medicare rates into this payer's rates by choosing Medicare Hospice as the **From Insurance** and entering the **Start Date** as the earliest date your agency will be billing from myUnity Essentials. Note, future-dated rates will not be cloned, so make sure the Sequestration rate amounts are accurate and adjust if needed.

You should have rates for all Per Diem charges with sequestration percentage if in effect. A Blanket Rate for zero dollars covered should be present which will write off Per Visit amounts to an allowance account. If your agency bills Room and Board to a different insurance, set a Blanket Modality charge for the Room and Board Modality with Allow un-checked to send those charges to that payer.



Charge-Description	Charge-Code	Start-Date	End-Date	Type	Rate	Allow
Blanket Proration	BLANKETRATE	1/1/2021		P	0.00	<input checked="" type="checkbox"/>
Blanket Proration R&B	BLANKET10	1/1/2021		P	0.00	<input type="checkbox"/>
Continuous Home Care	CONTINUOUS	1/1/2021		P	100.00	<input checked="" type="checkbox"/>
Inpatient Home Care	INPATIENT	1/1/2021		P	100.00	<input checked="" type="checkbox"/>
Respite Home Care	RESPITE	1/1/2021		P	100.00	<input checked="" type="checkbox"/>
Routine Home Care	ROUTINE	1/1/2021		P	100.00	<input checked="" type="checkbox"/>
Service Intensity Add-on	HOSPICESIA	1/1/2021		P	100.00	<input checked="" type="checkbox"/>

Configure the Billing Option Sets

Merge Baseline Option Set

Go to **Billing > Electronic Claims** and in the **Option Set Selection** drop-down select the **Electronic 837 (Baseline) 12/29/20** (or later) option set. Click **Options**, then **Merge** and merge into All Option Sets.

Medicare Advantage Claim Option Set

Note: A new Medicare Advantage claims option set only needs to be created if not using the same clearinghouse as used for Medicare claims.

Go to **Billing > Electronic Claims** and in the **Option Set Selection** drop-down select the **Medicare Hospice** option set. Click **Options**, then **Copy** to an unused option set and assign a unique name such as **Medicare Adv Hospice**.

Close and reopen the Electronic Claims window to refresh. Then select the new **Medicare Adv Hospice** option set from the option set drop-down.

Click **Options** and using the Locator dropdown, select the following:

0100.06 ISA*06 Interchange Sender ID: Enter the Submitter ID as assigned by the payer or clearinghouse.

0100.08 ISA*08 Interchange Receiver ID: Enter the Receiver ID as specified by the payer or clearinghouse.

1000.33 NM1*40 03 Insurance Receiver Name: Bypass or enter Receiver ID as specified by the payer or clearinghouse.

1000.39 NM1*40 09 Insurance Receiver ID: Bypass or enter the ID as specified by the payer or clearinghouse.

Close the Billing Options Wizard window and set the **Selection Type** to **Insurances**. On the

Specific Includes tab, specify the MAO insurance(s) for which this option set will be used and press **Store**.

Medicare VBID Claim Option Set

Go to **Billing > Electronic Claims** and in the **Option Set Selection** drop-down select the **Medicare Hospice** option set. Click **Options**, then **Copy** to an unused option set and assign a unique name such as **Medicare VBID Claim**.

Close and reopen the Electronic Claims window to refresh. Then select the new **Medicare VBID Claim** option set from the option set drop-down.

Click **Options** and using the Locator dropdown, select the following:

1000.33 NM1*40 03 Insurance Receiver Name: Enter Medicare Hospice VBID

1000.39 NM1*40 09 Insurance Receiver ID: Constant Value (Entered) – Enter the MAC Receiver ID for Original Medicare

2010.30 SBR*09 Subscriber Payor Qualifier: Constant Value (Entered) – Enter MA.

2010.40 NM1*IL*09 Subscriber Contract or ID: Insurance Contract (Secondary Insurance)

2010.80 NM1*PR Subscriber Payor ID: Bypass this Data Element (Use Receiver ID).

Close the Billing Options Wizard window and set the **Selection Type** to **Insurances**. On the **Specific Includes** tab, specify the MAO insurance(s) and press **Store**. Do not select the Medicare insurance here since this is only used to create a copy of the MAO claim to send to Medicare with the beneficiary's Medicare information present.

For patients electing Original Medicare and not a MAO, use the Medicare Hospice Option Set for claim creation and not the Medicare VBID Claim Option Set.

Medicare Advantage NOE Option Set

Note: A new Medicare Advantage NOE option set only needs to be created if not using the same clearinghouse as used for Medicare NOEs.

Go to **Billing > Electronic Claims** and in the **Option Set Selection** drop-down select the **Medicare Hospice NOE** option set. Click **Options**, then **Copy** to an unused option set and assign a unique name such as **Medicare Adv Hospice NOE**.

Close and reopen the Electronic Claims window to refresh. Select the new **Medicare Adv Hospice NOE** option set from the option set drop-down.

Click **Options** and using the Locator dropdown, select the following:

0100.06 ISA*06 Interchange Sender ID: Enter the Submitter ID as assigned by the payer or clearinghouse.

0100.08 ISA*08 Interchange Receiver ID: Enter the Receiver ID as specified by the payer or clearinghouse.

1000.33 NM1*40 03 Insurance Receiver Name: Bypass or enter Receiver ID as specified by the payer or clearinghouse.

1000.39 NM1*40 09 Insurance Receiver ID: Bypass or enter the ID as specified by the payer or clearinghouse.

Medicare VBID NOE Option Set

Go to **Billing > Electronic Claims**. In the **Option Set Selection** drop-down select the **Medicare Hospice NOE** option set. Click **Options**, then **Copy** to an unused option set, setting the Description to **Medicare VBID NOE**.

Close and reopen the Electronic Claims window to refresh. Select the new **Medicare VBID NOE** option set from the Option Set Selection drop-down.

Click **Options** and using the Locator dropdown, set the following:

1000.33 NM1*40 03 Insurance Receiver Name: Enter Medicare Hospice VBID

1000.39 NM1*40 09 Insurance Receiver ID: Constant Value (Entered) – Enter the MAC Receiver ID for Original Medicare

2010.30 SBR*09 Subscriber Payor Qualifier: Constant Value (Entered) – Enter MA.

2010.40 NM1*IL*09 Subscriber Contract or ID: Insurance Contract (Secondary Insurance)

2010.80 NM1*PR Subscriber Payor ID: Bypass this Data Element (Use Receiver ID)

For patients electing Original Medicare and not a MAO, use the original Medicare NOE Option Set for claim creation and not the Medicare VBID NOE Option Set.

NOE & Claim Creation

Follow the steps below to create NOEs. Claims can be created after the billing process has been completed (Hospice LOC Report run and Billing Audit posted).

Medicare Advantage Hospice Claim Creation

Go to **Billing > Electronic Claims** and select the **Medicare Advantage Hospice Option Set** to generate the claim and submit to the MAO per their requirements if not using the same clearinghouse as for original Medicare claims. If using the same clearinghouse, use the Medicare Hospice option set. The MAO is responsible for claim payment.

If any new MAO insurances are added after your initial setup, enter them on the **Specific Includes** tab and press **Store** so they are saved for future claim creation.

Original Medicare VBID Claim Creation

Go to **Billing > Electronic Claims** and select the **Medicare VBID Claim Option Set** to generate a copy of the claim and submit to the MAC as usual. Per CMS requirements, this is done in addition to sending the claim to the Medicare Advantage insurance for Medicare monitoring purposes.

Do not select the Medicare insurance here since this is only used to create a copy of the MAO claim to send to Medicare with the beneficiary's Original Medicare information present.

If MAO insurances are added after initial setup, make sure they are stored in this option set for claim copy creation.

Make sure the **Submitted Type** is set to **All Claims** instead of Submitted Only.

Medicare Advantage NOE Creation

Go to **Billing > Electronic Claims** and select the **Medicare Advantage NOE Option Set** to generate the NOE and submit to the MAO per their requirements if not using the same clearinghouse as for original Medicare NOEs. If using the same clearinghouse, use the Medicare Hospice NOE option set.

Refer to the [NOE FAQ](#) for detailed information on NOE processing.

Original Medicare NOE VBID Creation

If not entering the NOE via DDE, go to **Billing > Electronic Claims** and select the **Medicare VBID NOE Option Set** to generate the NOE and submit to the MAC as usual. Per CMS requirements, this is done in addition to sending the NOE to the Medicare Advantage insurance for Medicare monitoring purposes. Make sure the **Submitted Type** is set to **All Claims** instead of Submitted Only.

Do not select the Medicare insurance here since this is only used to create a copy of the MAO NOE to send to Medicare with the beneficiary's Original Medicare information present.

If MAO insurances are added after initial setup, make sure they are stored in this option set for NOE copy creation.