

P.O. Box 14168 Lexington, KY 40512-4168

Dear provider,

This is an important update regarding the Hospice Benefit Component of the Value-Based Insurance Design Model (VBID) that select Humana Medicare Advantage (MA) plans participated in from January 2021 through December 2024. This notice provides information about the conclusion of the hospice benefit component on Dec. 31, 2024. Please share this information with members of your team and keep for your reference.

Hospice VBID coverage in 2025

Your practice has been identified as previously having referred Humana members enrolled in a VBID participating plan with the Centers for Medicare & Medicaid Services to a participating hospice provider for care. Under this demonstration, Humana was responsible for covering the cost of hospice care and related services. Beginning Jan. 1, 2025, financial responsibility for hospice coverage for MA enrollees will revert to Original Medicare. *Members are not required* to make any changes to their current hospice election. For any hospice election on or after Jan. 1, 2025, Medicare-covered hospice benefits will be through the Medicare fee-for-service (FFS) program. Any hospice election occurring on or before Dec. 31, 2024, that remain on hospice service into 2025 will also revert to Original Medicare effective Jan. 1, 2025. Humana will not be financially responsible for any hospice dates of service after Dec. 31, 2024.

Transitional Concurrent Care and Supplemental Benefits

Member access to Transitional Concurrent Care and Supplemental Benefits previously available through Humana in-network hospice providers will end on Dec. 31, 2024. The Humana Hospice Centralized Team will assist in-network providers with coordination of these benefits until Dec. 31, 2024.

Additional information related to the conclusion of the Hospice VBID demonstration can be

found at Humana.com/hospice and any ongoing questions related to the conclusion of the
program can be sent to hospicevbid@humana.com.
Sincerely,

Humana