



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

Dear Humana Hospice VBID provider,

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

Hospice VBID coverage in 2025

Your Hospice has been identified as previously providing services to a Humana member enrolled in a Humana MA plan that was participating in a Hospice Benefit Component of the Value-Based Insurance Design Model (VBID) with the Centers for Medicare & Medicaid Services (CMS). 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 remains 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 Dec. 31, 2024. The Humana Hospice Centralized Team will assist in-network providers with coordination of these benefits until Dec. 31, 2024.

Notice of Election and Claims Submissions

For hospice care and services provided *prior* to Jan. 1, 2025, hospice providers should continue to follow the required notification and billing procedures. Consistent with Hospice VBID processes, Notice of Election (NOE), Notices of Termination/Revocation (NOTR), and all hospice claims must be submitted to CMS via the Medicare contractor **and** to Humana. Additional information on the notification and claims submission process can be found on the **[Humana.com/hospice](https://www.humana.com/hospice)** website.

561205MUL0924 GHHMG3ZEN

For hospice elections that extend beyond Dec. 31, 2024, hospice providers should not discharge any patient solely because of their coverage in a participating Hospice VBID plan. For hospice care furnished on and after Jan. 1, 2025, to a Medicare beneficiary, including any hospice enrollee in one of Humana's Hospice VBID plans, claims should be submitted to Original Medicare FFS program and not to Humana for dates of service Jan. 1, 2025, and beyond. For those hospice elections that continue into 2025, no new NOEs will be required with CMS and timely filing requirements will continue to apply. It is important to note that any hospice election that occurred under the Hospice VBID demonstration and continuing into 2025 must follow the requirements under Original Medicare as described in the Medicare Claims Processing Manual, Chapter 11.

Contact Information

Humana has designated the following contacts for additional administrative and hospice clinical resources for hospice providers:

Administrative Support:	Holly Stewart	HStewart3@humana.com
Clinical Support:	Kavin Cartmell	KCartmell@humana.com

Additional information related to the conclusion of the Hospice Benefit Component 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