

# UnitedHealthcare election statement addendum

## Medicare hospice transitional concurrent care coverage

---

**Member (patient) name**

---

**Date of birth**

---

**UnitedHealthcare member number**

---

**H-plan number**

---

**Hospice agency name**

### **Purpose of this notification**

The purpose of this addendum is to notify the hospice-participating member (or their representative), in writing, of conditions, items, and/or services, to be covered by UnitedHealthcare as hospice transitional concurrent care (TCC) services.

### **Transitional concurrent care**

TCC is the short-term provision of curative care services provided for a member with a terminal condition. These services are available through UnitedHealthcare participation in the Centers for Medicare & Medicaid Innovation (CMMI) Value-Based Insurance Design (VBID) Model, Hospice Benefit Component. The traditional hospice benefit under Original Medicare focuses on non-curative care. Under the VBID Model, however, TCC is available to members who have elected an in-network hospice provider for a limited time and is inclusive of items or services that have been previously contemplated on the member's plan of care with an existing provider, in connection to terminal diagnosis.

Available TCC services will be tailored to each member's needs, as clinically appropriate, and will be coordinated by the hospice provider.

The hospice provider will coordinate with the referring provider and other members of the existing care team to define a plan for the tapering of care and services. As a courtesy, Optum Hospice Guide, on behalf of UnitedHealthcare, will share confirmation of services included as TCC with both the hospice and the rendering provider.

The provision of TCC under the program does not change the necessary criteria for hospice benefit eligibility, or the requirement that the designated hospice provider administer all services and levels of care available under the hospice benefit.

Diagnosis related to terminal illness and related conditions:	
1.	4.
2.	5.
3.	6.

TCC items and/or services to be included in VBID services:				
Items/services	Clinical explanation for coverage	Service dates		Number of treatments
		Start	End	

Name(s) of treating provider(s) authorized to provide TCC:			
Rendering provider name	Group name (if applicable)	Service/office address	Phone number

**Information about enrollee cost-sharing:**

TCC allows up to 30 days of continuing curative treatments based on member's established plan of care and coordinated by the hospice care team. Plan cost-sharing amounts and plan authorization rules apply. Please refer to the evidence of coverage, noted above, for using your plan's benefits for medical services.



UnitedHealthcare may deny coverage for care and services received outside of the services listed on both this TCC addendum and the TCC confirmation form generated and distributed on behalf of UnitedHealthcare. Members may be financially responsible for seeking services outside of this approved course of treatment as prescribed by the hospice provider and approved by UnitedHealthcare.

**Transitional concurrent care planning contact information:**

For questions or concerns related to TCC planning, please contact Optum Hospice Guide care advocates directly at, **833-753-2970**.

**Member right to immediate advocacy:**

UnitedHealthcare will consider any organizational determinations, grievances and appeals related to TCC as expedited. All appeals and grievances are to be submitted to the UnitedHealthcare® Medicare Advantage plan by calling the customer service number listed on the member’s ID card.

As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request immediate advocacy if you (or your representative) disagree with any of the hospice agency’s TCC determinations.

Please visit the [QIO website](#) to find the BFCC-QIO for your area or call **800-MEDICARE (800-633-4227)**. TTY users can call **877-486-2048**.

**Signing this notification (or its updates) is only acknowledgment of receipt of this notification (or its updates) and does not constitute your agreement with the hospice’s determinations.**

Services listed on this addendum should align to those listed on the TCC confirmation form generated and distributed on behalf of UnitedHealthcare. The presence of additional services listed on this addendum does not indicate that they constitute authorization. A confirmation form will be sent on behalf of UnitedHealthcare containing approved TCC services.

---

**Member (patient) name**

---

**Date**

***For hospice use only:***

By signing below, I acknowledge that the TCC services outlined above have been addressed in the TCC confirmation form, that my agency is a participating provider with UnitedHealthcare, and my agency is responsible for coordinating patient care for the services listed above.

---

**Hospice representative signature**

---

**Date**

