



**UNITEDHEALTHCARE ELECTION STATEMENT ADDENDUM
MEDICARE HOSPICE TRANSITIONAL CONCURRENT CARE COVERAGE**

Member (Patient) Name

Date of Birth

UHC Member Number

H-PBP 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

Transitional Concurrent Care is the short-term provision of curative care services related to a Member's terminal condition. These services are made available through United's participation in the Center for Medicare and Medicaid Innovation's Value-Based Insurance Design Model: Hospice Benefit Component. The traditional hospice benefit under Original Medicare focuses on non-curative care. Under the VBID model, however, Transitional Concurrent Care is available to Members who have elected an in-network Hospice Provider for a limited duration of 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 the terminal diagnosis.

Available Transitional Concurrent Care 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, Envoy Care Advocates, on behalf of UnitedHealthcare, will share a confirmation of services included as Transitional Concurrent Care with both the hospice and the rendering provider .

The goal of Transitional Concurrent Care is to adequately provide a smooth transition to non-curative care under the traditional hospice benefit. Transitional Concurrent Care will allow for the Participating Member to have up to 30 days of continued curative treatment.

The provision of Transitional Concurrent Care under the Program does not change the necessary criteria for hospice benefit eligibility or the requirement that the designated Hospice Provider provide 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.

Transitional Concurrent Care Items and / or Services to be included in the VBID services:

Items / Services	Clinical Explanation for Coverage	Service Dates		Number of Treatments
		Start	End	

Name(s) of Treating Provider(s) Authorized to Provide Transitional Concurrent Care:

Rendering Provider Name	Group Name (If Applicable)	Service/ Office Address	Phone Number

Information about Enrollee Cost-Sharing:

Transitional concurrent services allow 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 your Evidence of Coverage for using your plan's coverage for medical services.

UnitedHealthcare may deny coverage for care and services received outside of the services listed on both this Transitional Concurrent Care Addendum and the Transitional Concurrent Care 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 any questions or concerns related to Transitional Concurrent Care planning, please reach out to the Envoy Care Advocates directly at 1-833-753-2970.

Member Right to Immediate Advocacy:

UnitedHealthcare will consider any organizational determinations, grievances, and appeals related to Transitional Concurrent Care 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 back of 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 for Immediate Advocacy if you (or your representative) disagree with any of the hospice agency's TCC determinations.

Please visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/locate-your-qio> or call 1-800- MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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 Transitional Concurrent Care 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 Transitional Concurrent Care Services.

Member or (Member's Representative) Signature

Date

For Hospice Use Only:

By signing below, I acknowledge that the Transitional Concurrent Care 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