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(CMS-10538) Prior Authorization Form for Beneficiaries Enrolled in Hospice

Comment On: CMS-2014-0126-0002

Agency Information Collection Activities; Proposals, Submissions, and Approvals

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OR

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General Comment

RE: CMS-10538

We would like to comment on Section II of this proposed Prior Authorization request form for beneficiaries enrolled in Hospice. Our understanding is that this section is optional for Hospice Providers to show financial responsibility for other medications not involved in the current PA request. We want to make sure that it is explicitly clear on the form that in no way could Section II be misinterpreted to mean that if the box for Member responsibility is checked that the claim could then be processed as Part D. We can foresee that Prescribers looking at the form could misrepresent this information as such. Maybe a disclaimer could be put on Section II of this form? That would be much appreciated.

Thank you,