

# PUBLIC SUBMISSION

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**Docket:** CMS-2014-0126

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

**Comment On:** CMS-2014-0126-0002

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2014-0126-DRAFT-0012

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## General Comment

1. The hospice PA form should contain a place (check box) for the submitter to identify the request as urgent to alert the plan sponsor and/or PBM to review the coverage determination/override process within 24 hours.
2. We recommend that CMS continue with the current guidance of prohibiting Plan Sponsors from requiring members or physicians to use a particular form to submit coverage determination requests. Requiring the industry to use a standardized format may delay beneficiary access to medications since the physician/hospice provider will be required to use the form and will no longer be able to provide justification on any form/format as they do today.