

# PUBLIC SUBMISSION

<b>As of:</b> 12/5/14 11:35 AM <b>Received:</b> November 05, 2014 <b>Status:</b> Draft <b>Tracking No.</b> 1jy-8fbq-udi6 <b>Comments Due:</b> December 02, 2014 <b>Submission Type:</b> Web
--

**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-0018  
DC

---

## Submitter Information

**Name:** Marissa Schlaifer  
**Address:**  
Washington, DC, 20004  
**Email:** marissa.schlaifer@cvshealth.com  
**Organization:** CVS Health

---

## General Comment

1275 Pennsylvania Avenue, NW  
Suite 700  
Washington, DC 20004

November 3, 2014

Martique Jones,  
Director, Regulations Development Group,  
Office of Strategic Operations and Regulatory Affairs.  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard C1-13-07  
Baltimore, Maryland 21244

Submitted to: [www.regulations.gov](http://www.regulations.gov)  
CMS10538 Prior Authorization Form for Beneficiaries Enrolled in Hospice

Re: Comments on CMS10538 Prior Authorization Form for Beneficiaries Enrolled in Hospice

CVS Health appreciates the opportunity to comment on the draft "Prior Authorization Form for Beneficiaries Enrolled in Hospice form. In summary, we believe a standardized form will assist with more efficient processing of hospice prior authorization requests. We currently use a previous NCPDP version of this form and have comments suggestions based on that utilization.

#### 1. Comments on the use of the form

The draft instructions indicate the time it would take for the form and that it must be updated by the pharmacy help desk. Depending on the operational setup of a Part D plan or their delegated PBM that provides coverage determination services, it may be difficult to populate the form with member information resulting from a PA rejection. Therefore, we would recommend that a non populated form be sent to Hospice or Prescribers once a rejection occurs. This assumes that the Part D sponsor will send a supplemental document containing the necessary member specific information for the recipient to complete this CMS Hospice PA form.

The instructions also indicate that no modifications of the form should be made after 2015 other than the logo and edits to allow electronic submission of the form. We would like to clarify if an acceptable edit, would include removing the 6 page instructions that are part of the draft form. If this is permissible , we would suggest that a statement be added to the form that states where the user can obtain the instructions for use, either the plan sponsor or CMS website.

Lastly, we would like to obtain clarification as to whether this form will be a required document once the final draft is published.

#### 2. Changes on the content of the form

Based on CVS Healths use of the current NCPDP Hospice form, the font is small on the demographics portion, and we ask that this be enlarged since many of the forms we receive back from hospice are illegible.

On page 5 of the draft form, we recommend the following change in red:

#### HOSPICE INFORMATION for MEDICARE PART D

##### Prescriber

To provide information to override an A3 reject:

The hospice provider prescriber would:

Identify the beneficiarys Medicare Part D plan and obtain the appropriate fax number or contact information to which the completed form should be directed.

Complete Section 1 to report for each drug that is unrelated to the terminal diagnosis and/ related conditions.

Fax the completed form to the beneficiarys Medicare Part D plan.

Prescribers unaffiliated with the hospice provider should also: Contact the hospice provider to confirm that the medication is unrelated to the terminal illness and/or related conditions, and check the box on page 1 under the prescribers signature

On page 7 of the Hospice PA form we would recommend adding the following statement in red to ensure clarity in this section:

Prior Authorization Process: Enter a separate line for each Analgesic, Antinauseant (antiemetic), Laxative, and Antianxiety drug (anxiolytic) Medication that is Unrelated to Terminal Illness and/or Related Conditions: Rxs outside of these 4 classes will not require a hospice review.

In summary, CVS Health believes finalizing a standardized Hospice PA Form is warranted, but it should be an optional requirement for the plan sponsor. We appreciate the opportunity to offer comments on this Draft Form.

Should you have any questions or wish to discuss any aspect of our comments, please feel free to contact me at 202-772-3538 or by e-mail at [marissa.schlaifer@cvshealth.com](mailto:marissa.schlaifer@cvshealth.com).

Sincerely,

Marissa Schlaifer, R.Ph.  
Head of Policy